

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90190 020 \*\*\*158.75

0211701 AV

DOCUMENT # P02000066422

1. Entity Name  
CITY ORTHOPEDIC SUPPLIES INC.



Principal Place of Business  
5040 N W 7TH STREET - suite 615  
MIAMI FL 33126

Mailing Address  
5040 N W 7TH STREET - Suite 615  
MIAMI FL 33126



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>75-3066707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORTINA, CARIDAD 9123 N.W. 144 TERR. MIAMI LAKES FL 33018		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	PD CORTINA, CARIDAD 9123 N.W. 144 TERR. MIAMI LAKES FL 33018	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Cortina* **Caridad Cortina**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** *May/2003*  
DATE Daytime Phone #

CR2E034 (10/02)