

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90007 035 \*\*\*150.00

DOCUMENT # P02000080257

1. Entity Name  
P.R. ORTHOPEDICS, INC



Principal Place of Business  
14198 SW 145TH. PLACE  
MIAMI, FL 33186

Mailing Address  
14198 SW 145TH. PLACE  
MIAMI, FL 33186

44049616



2. Principal Place of Business  
732 SW 8th Ave.  
Suite/Apt/# etc.

3. Mailing Address  
732 SW 8th Ave.  
Suite, Apt. #, etc.

07082004 Chg-P CR2E034 (10/03)

City & State  
Miami, FL  
Zip  
33130 Country

City & State  
Miami, FL  
Zip  
33130 Country  
Miami-Dade

4. FEI Number  
36-2176071  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
REDONDO, PABLO I  
14198 SW 145TH. PLACE  
MIAMI, FL 33186

7. Name and Address of New Registered Agent  
Name Redondo, Pablo I  
Street Address (P.O. Box Number is Not Acceptable)  
732 SW 8th Ave.  
City Miami, FL Zip Code 33130

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: *Pablo I Redondo*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDONDO, PABLO I		NAME	Redondo, Pablo I	
STREET ADDRESS	14198 SW 145TH. PLACE		STREET ADDRESS	732 SW 8th Ave.	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Pablo I Redondo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*  
**P.R. ORTHOPEDICS, INC**  
732 SW 8<sup>TH</sup>. AVE  
MAIMI, FL 33130

44049616

June 3, 2004

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL. 32399

**Ref: Uniform Business Annual Report**  
**Doc. #P02000080257**

Please be advised that we have not received the Uniform Business Report for this year, reason for which is filing this now. Enclosed check in the amount of \$150.00 and form.

Thank you, for your attention to this matter.

Sincerely yours,

**Pablo Redondo**  
**President**

