

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

04-24-2003 90180 004 ***150.00

DOCUMENT # P02000123892

1. Entity Name
ORTHOSURGICAL IMPLANTS, INC.



Principal Place of Business
12244 SW 130TH ST
MIAMI FL 33186

Mailing Address
12244 SW 130TH ST
MIAMI FL 33186

55039142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
41-2068796

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETER G. GRUBER, P.A.
9100 S DADELAND BLVD, STE 910
MIAMI FL 33156

Name
RICARDO M. SCHOENING
Street Address (P.O. Box Number is Not Acceptable)
12244 SW 130 ST.
City **MIAMI** **FL** **33186**

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ **Delete**
NAME **SCHOENING, RICARDO**
STREET ADDRESS **12244 SW 130TH ST**
CITY - ST - ZIP **MIAMI FL 33186**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
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CITY - ST - ZIP

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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:

SIGNATURE **Ricardo M. Schoening**

4-22-03

Date

305 969 4545

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)