

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-10-2004 90024 045 ***150.00

DOCUMENT # P03000007251	
1. Entity Name ORTHOCENTER MEDICAL SUPPLY CORP	

Principal Place of Business 3900 NW 79 AVE STE 472 MIAMI, FL 33166	Mailing Address 3900 NW 79 AVE STE 472 MIAMI, FL 33166
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66407431



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

03052004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0442273

Applied For
Not Applicable

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	
Name SABATER, ROBERTO		Name	
Street Address (P.O. Box Number is Not Acceptable) 10970 SW 43 TERR MIAMI, FL 33165		Street Address (P.O. Box Number is Not Acceptable)	
City MIAMI		City	
State FL		State	
Zip Code		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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATER, ROBERTO 10970 SW 43 TERR MIAMI, FL 33165 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABATER, ROBERTO 10970 SW 43 TERR MIAMI, FL 33165 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **03/05/04 (305) 229-9395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #