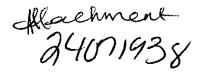
2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 06, 2004 8:00 am Secretary of State **DOCUMENT # P03000040847** FLORIDA MEDICAL & ORTHOPEDIC SUPPLY, INC. 05-06-2004 90176 013 ***150 00 Principal Place of Business Mailing Address 1800 W 49TH STREET 1800 W 49TH STREET 332 332 HIALEAH, FL 33012 HIALEAH, FL 33012 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 3112737 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARAGON, IVETTE Street Address (P.O. Box Number is Not Acceptable) **1800 W 49TH STREET** 332 HIALEAH, FL 33012 City 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 fedistered agent SIGNATURE re, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change -☐ Addition ARAGON, IVETTE NAME STREET ADDRESS 2005 SW 85TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 12. I hereby certify that the information supplied with this filing does not quality 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.

FILED





Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number,

P03000040847

Business Entity Name

FLORIDA MEDICAL & ORTHOPEDIC SUPPLY, INC

Original File Date

04/10/2003

FEI Number

Principal Address 1800 W 49TH STREET

332

HIALEAH, FL 33012 US

Mailing Address

1800 W 49TH STREET

332

HIALEAH, FL 33012 US

Registered Agent

IVETTE ARAGON

1800 W 49TH STREET

332

HIALEAH, FL 33012 US

Officer/Director Name And Address

IVETTE ARAGON 2005.SW 85TH AVE MIAMI, FL 33155 US

After May I of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not recieve prior notice. Please check this box if notice was not recieved.



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