FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022588 (6)**

1. Corporation Name

H & H ORTHOPEDICS, INC.

Principal Place of Business	Mailing Address
6187 NW 167 ST #H18 MIAMI FL 33015	6187 NW 167 ST #H18 MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **03/19/1993**

3a. Date of Last Report: **03/31/1994**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: County — 25:

26. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: County — 30:

4. FEI Number: **65-0410933**

Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has/will be filing tangible tax under F.S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HODGES, PERRY W JR.
644 SE 4 AVE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City — **FL** — 95 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
HUMBERTSON, RALPH J
930 BELLE MEADE ISLD
MIAMI FL

V
FERNANDEZ, HUMBERTO J
6625 SW 75 CT
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)

☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is accurately entered and 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 serve 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 12 or Block 13 with an address.

SIGNATURE: RALPH J HUMBERTSON — 4/25/95 — 305 828 6128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D09017 CP