FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000011884 (1)

1. Corporation Name

ORTHOPAEDIC & REHABILITATION SYSTEMS, INC.

Principal Place of Business

% ALLEN J. RAPOPORT
999 PONCE DE LEON AVE., SUITE 1110
CORAL GABLES FL 33134

Mailing Address

% ALLEN J. RAPOPORT
999 PONCE DE LEON AVE., SUITE 1110
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report: 03/16/1995
4. FEI Number: 65-0466906 — 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 10220 SW 88 Ave
Suite, Apt. #, etc.
22 MIAMI FLA 33176
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26 10220 SW 88 Ave
Suite, Apt. #, etc.
27 MIAMI FLA 33176
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J
999 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: ROLANDO SANCHEZ-MEDINA
82 Street Address (P.O. Box Number is Not Acceptable): 10220 SW 88 Ave
83
84 City: MIAMI — FL — 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of ... Florida Statutes.

SIGNATURE * Rolando Sanchez Medina — 4/24/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	CASANOVA, SANTIAGO	
STREET ADDRESS	% 999 PONCE DE LEON BLVD., STE. 1110	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	Rolando Sanchez Medina	
STREET ADDRESS	10220 SW 88 Ave	
CITY-ST-ZIP	MIAMI FLA 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	600001828166 -05/20/96--01018--035 ***200.00	☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

5-1-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rolando Sanchez Medina — 4/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #