## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000063975 (4)

9. Name and Address of Current Registered Ag

BERGEN ORTHOPEDICS, INC.

Principal Place of Business Mailing Address 351 NHW. AZND AVE. 351/ N.W. 42ND AVE. SUITE \$15 SHITE 365 DO NOT WRITE IN THIS SPACE MIANT AL 33126 MIANLF 33126 3. Date Incorporated or Qualified 07/28/1994 2a. Mailing Address 4. FEI Number 26 46 20 WU 65-0505950 5. Certificate of Status Desired 22 6. Election Campaign Financing

CARRAZANA, ROSARIO V 862 N.W. 133RD COURT **MIAMI FL 33182** 

25

pride Country US		Trust Fund Contribution			dded to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
		10. Name and Address of New	Registered /	\gent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83		<del></del>			·····
84	City			85	Zip Code

FILED

Feb 27 1998 8:00am

Secretary of State

Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

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, Section 607.0505, Florida Statutes.

SIGNATURE (NO16 Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE NAME CARRAZANA, ROSARIO V 1.2 NAME 862 N.W. 133RD COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Channe Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 THEF TITEF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 4.1 TILLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-2IP 44 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 annual 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