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 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085565 (7)**

1. Corporation Name
ORTHOPAEDIC NETWORK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~2600 DOUGLAS RD~~ ~~SUITE 501~~ ~~CORAL GABLES FL 33134~~	~~2600 DOUGLAS RD~~ ~~SUITE 501~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 4122 W 12th Avenue
22: Suite, Apt. #, etc.
23: Hialeah, FL
24: 33012 Zip
25: US Country

2a. Mailing Address
26: P.O. Box 14-1699
27: Suite, Apt. #, etc.
28: Coral Gables, FL
29: 33114 Zip
30: U.S. Country

4. FEI Number: 65-0560295 ☐ 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

9. Name and Address of Current Registered Agent

~~CARUNCHO & MUR PA~~
~~2600 DOUGLAS RD~~
~~SUITE 501~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: Vivian U. Lehman
82 Street Address (P.O. Box Number is Not Acceptable): 1311 Castile Avenue
83:
84 City: Coral Gables **FL** 85 Zip Code: 33134

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: _____ DATE: 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	11 TITLE	☐ Change	☑ Addition
NAME	Ivan J. Barrios	12 NAME		
STREET ADDRESS	749 Ponce de Leon, #505	13 STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33134	14 CITY-ST-ZIP		
TITLE	Vice-President	21 TITLE	☐ Change	☑ Addition
NAME	Claudio Hernandez	22 NAME		
STREET ADDRESS	749 Ponce de Leon #505	23 STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33134	24 CITY-ST-ZIP		
TITLE	Secr.-Treasurer	31 TITLE	☐ Change	☑ Addition
NAME	Vivian V. Lehman	32 NAME		
STREET ADDRESS	1311 Castile Ave.	33 STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33134	34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Vivian V. Lehman 4-24-95 (305) 557-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141674 CP