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 # P95000051981 (5)

1. Corporation Name

N.C.A. ORTHOPEDIC INC.

Principal Place of Business	Mailing Address
9912 SW 154 CT. MIAMI FL 33196	9912 SW 154 CT. MIAMI FL 33196

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3884 S.W. 112TH AVE.	26 3884 S.W. 112TH AVE.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
24 Zip 33165 / 25 Country U S A	29 Zip 33165 / 30 Country U S A

4. FEI Number: 65-0592656 — ☐ 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	10. Name and Address of New Registered Agent
AHMAD, CARMEN **9912 SW 154 CT.** **MIAMI FL 33196**	81 Name: AHMAD, CARMEN 82 Street Address (P.O. Box Number is Not Acceptable): 3884 S.W. 112TH AVE. 83 84 City: MIAMI FL 85 Zip Code: 33165

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: [signature] CARMEN AHMAD — MAY 01, 1996
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	AHMAD, CARMEN		1.2 NAME	AHMAD, CARMEN	
STREET ADDRESS	9912 SW 154 CT.		1.3 STREET ADDRESS	3884 S.W. 112TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP	MIAMI, FLORIDA. 33165	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CASTELLANO, ALICIA		2.2 NAME	CASTELLANOS, ALICIA M	
STREET ADDRESS	9912 SW 154 CT.		2.3 STREET ADDRESS	3884 S.W. 112TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-ST-ZIP	MIAMI, FLORIDA. 33165	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: [signature] CARMEN AHMAD — MAY 01,1996 — (305) 228-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)