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
9912 SW 154 CT.
MIAMI FL 33196

Mailing Address
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
21 3884 S.W. 112TH AVE.
22 Suite, Apt #, etc.
23 City & State: MIAMI, FLORIDA
24 Zip: 33165
25 Country: U S A

2a. Mailing Address
26 3884 S.W. 112TH AVE.
27 Suite, Apt #, etc.
28 City & State: MIAMI, FLORIDA
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
AHMAD, CARMEN
9912 SW 154 CT.
MIAMI FL 33196

10. Name and Address of New Registered Agent
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 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Carmen Ahmad — CARMEN AHMAD — MAY 01, 1996
Signature (typed or printed name of registered agent) — Title (Registered Agent signature required on reverse side) — 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	

CR2E034 (12/95)

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: Carmen Ahmad — CARMEN AHMAD — MAY 01,1996 — (305) 228-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #