FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91016 042 ***150.00

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95000056818

1. Entity Name

ADVANCED ORTHOPEDIC CENTER INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 SW 37TH AVE	2601 SW 37TH AVE
Suite, Apt. #, etc.: 607	Suite, Apt. #, etc.: 607
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33133 Country:	Zip: 33133 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0598742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DENNIS B. ZASLOW

Street Address (P.O. Box Number is Not Acceptable): 2601 SW 37TH AVE STE 601

City: MIAMI FL Zip Code: 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZASLOW, DENNIS B.
STREET ADDRESS	8000 SW 67TH AVE
CITY-ST-ZIP	MIAMI FL 33143
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis B Zaslow 3/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #