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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000088891 (3)**

1. Corporation Name

AMERICAN ORTHOPEDIC CONSULTANTS INC.

Principal Place of Business

**5249 N.W. 7TH STREET #302
MIAMI FL 33126**

Mailing Address

**5249 N.W. 7TH STREET #302
MIAMI FL 33126**



3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IBARRA, ROSA M
5249 N.W. 7TH STREET #302
MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of individual 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

PVST

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

IBARRA, ROSA M

1.2 NAME

STREET ADDRESS

5249 N.W. 7TH STREET #302

1.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL 33126

1.4 CITY-STATE-ZIP

TITLE

D

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

IBARRA, ROSA M

2.2 NAME

STREET ADDRESS

5249 N.W. 7TH STREET #302

2.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL 33126

2.4 CITY-STATE-ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

3.2 NAME

STREET ADDRESS

☐ DELETE

3.3 STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

4.2 NAME

STREET ADDRESS

☐ DELETE

4.3 STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

5.2 NAME

STREET ADDRESS

☐ DELETE

5.3 STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

6.2 NAME

STREET ADDRESS

☐ DELETE

6.3 STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

6.4 CITY-STATE-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; 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:

ROSA M. IBARRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (305) 442-9736

Date

Daytime Phone #

CR2E034 (12/95)