DOCUMENT # P96000001367

Entity Name
T.M.E Orthopedic, Inc.

FILED
01 SEP 27 AM 8:38
Amended
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9600 S.W. 8th St. Suite 8 Miami, FL 33174	9600 S.W. 8th St. Suite 8 Miami, FL 33174
2. Principal Place of Business: 2151 Le Jeune Rd.	3. Mailing Address: 2151 Le Jeune Rd.
Suite, Apt. #, etc.: Mezzanine	Suite, Apt. #, etc.: Mezzanine
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number: 650633653 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Patricia Fojo
9600 S.W. 8th St.
Suite 8
Miami, FL 33174

7. Name and Address of New Registered Agent

Name: J. Everett Wilson
Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Rd.
Mezzanine
City: Coral Gables FL Zip Code: 33134

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 _____ 9/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSTD Patricia Fojo 9600 S.W. 8th St, Suite 8 Miami, FL 33174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSTD Dick Curbelo 2151 Le Jeune Rd, Mezz. Coral Gables, FL 33134 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600004619766--5 -10/02/01--01020--009 *****61.25 *****61.25 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #