FILE NOW: FILING FEE AFTER MAY 1 48 \$550.00

*COR ANNU	PROFIT PORATION JAL REPORT 1997		FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED	
DOCUMENT # P96000031396					97 DEC -4 AM 8: 56	
INTERMED ORTHOPEDIC EQUIPMENT & SUPPLIES, INC					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place	of Business	Mailing	ı Address	and the second s	_	
1248	6 sw 8st sui	ite B 12	406 0			
Minmi DTR 22404						
Miami Fla, 33184 Miami Fla, 33184					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					3/21/96 4. FEI Number	1 / 27 / 97 Applied For
752405 0-1					65-065-7777	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22) suite B City & State City & State						ree nequired
28 Miami FL 28 Miami FL					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fecs
Zip	Country	Ζφ.		Country	8. This corporation has liability for int	
33184	25 Dade			Dade	10. Name and Address of New Regis	Yes X No
	e. Isamo ano Address	of carrent registeres	a Agent	81 Name		
Barbara Perez Barba:					ess (P.O. Box Number is Not Acceptable)
12400 BW OBL SUITE B 12400					sw 8st suite B	
	Miam	i FL,33184		83		
				84 City Mj	iami FLA	85 Zip Code
11. Pursuant to office or re agent. I arr	o the provisions of Section gistored agent, or both, in familiar wire, and accept	ns 607 0502 and 607 16 In the State of Florida, S Lithe obligations of, Sec	508, Florida Statutes uch change was au ction 607.0505, Flori	i, the above-named corporations the corporation of the corporation of the corporations are th	oration submits this statement for the pur on's board of directors. I hereby accept t	pose of changing its registered the appointment as registered
SIGNATURE S	Signature, Typed or printed name of a	registered agent and title if appl	icatre. (NOTE f	Registered Agent signature require	d when reinstating)	1 _{.01} /13/97
12.	OFFI	CERS AND DIRECTOL	ıs	13,	ADDITIONS/CHANGES TO DEFICE	
TITLE	P_{Barba}	ara perez	□X DECETE	1.1 101.1	<i>PO</i> Barbara Perez	K Change K Addition
NAME STREET ADDRESS		w 16th ave		1.2 NAME 1.3 STREET ADDRESS	12486 sw 8st 118	o district a district and the second
CITY-ST-ZIP	4445 480 H	W TOTH AVE	e suite- . 33012	1.4 GBY+S1-ZIP	Miami Fla, 3318	184 · IS
TITLE	KKRO		DANGE	21 TillE	/PD	Change Addition
NAME	•			22 NAML	ROBERT SCIAPI	
STREE AND DRESS CITY - 21-21P				2 3 STREET ADORESS 2 4 CHY+ST-782	Brys SW 12P AI MIAMI FL 83176	
TITIE	esta reservation and the second secon		DELETE	3.1 1/TLF	P(14M) PG 35/75	Change [Addition
NAME.				3.2 NAM[•
STREET ADDRESS				3.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE			DEFFE	3.4 GHY+S1+2IP 4.1 THLE	tana ning alaun ning alaun dan salah s	Change Addition
NAME			• •	4 2 NAME	80000023	8694781
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CITY-S1-ZIP		* * *** **	Theres	4.4 C(1)Y - \$1 - Z(P)	क्कक्10.	
TITLE			[] DEFETE	5 1 THLF 5 2 NAME		L_J Change L_J Addition
STREET ADDRESS				5.3 STREET AUDRESS		}
CITY-ST-ZIP				5.4 CMY-\$1- 7 IF		
TITLE			DITETE	6 1 11111	,	Change Addition
NAME 010551 ADDOSOG				62 NAME		
STREET ADDRESS (G 3 STHEFT ADDRESS G 4 CITY - ST- ZIP		
14. I do hereby	certify that the informatio	on supplied with this filli	ing does not qualify to	for the exemption stated	in Section 119 07(3)(i), Florida Statutes. In section 119 07(3)(i), Florida Statutes.	Julia cevily that the fled as Viade under eath; that
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 Minade 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						
elemanting. NPI 10/13/97						

InterMed Orthopedic Equipment & Supplies, Inc.

12486 SW 8th. St. Suite B Miami, FL 33184 305-551-8081 Fax: 305-551-8856

Miami, October 13, 1997

From: Barbara Perez

President

To:

Florida Department of State

Division of Corporations

Att:

Leslie Sellers

Dear Leslie.-

In our phone conversation in the last week, regarding the status of my Corporation, INTERMED ORTHOPEDIC EQUIPMENT & SUPPLIES, Inc., I explained on few words the problems occurred with the letter sent by us to your Department. Following I'm going to explain in details.

I went to my Bank Institution BARNETT BANK and my officer spoke to me stating that my Corporation has been closed, the Bank addressed to your Department, that was I spoke with you.

You told me, that the reason of the closing was because your Department sent me a PROFIT CORPORATION ANNUAL REPORT Form, which I sent back to you, that in your acknowledge we missed parts on the Form filling. You told me you sent back to my office to correct the missing items, but the problem is we never received that form back.

Right now, you are asking for a penalty due our late filling, but now, I'm appealing to your understanding my predicament, please I'm pleading you to waive this charges due I want to continue my life and my business.

Waiting for your attention, and very sorry for the inconvenience.

If you need further info, please do not hesitate to contact me at the above phone numbers.

Truly yours.,

BP/my c.c: file