

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000081170

1. Entity Name
MIAMI HAND CENTER, INC.



FILED

06 OCT 24 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8905 SW 87TH AVE
STE 101
MIAMI, FL 33176-2227 US

Mailing Address
8905 S.W. 87TH AVENUE
SUITE 101
MIAMI, FL 33176 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0811130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORBAY, JORGE L M.D.
8905 S.W. 87TH AVENUE
SUITE 101
MIAMI, FL 33176

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ORBAY, JORGE L M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE ST
NAME KHOUPI, ROGER K M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE VP
NAME BADIA, ALEJANDRO M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/24/06 Daytime Phone # 661-3000

Jorge Orbay - General
206

6753

FOR DEPOSIT ONLY

832506

ALL INFORMATION ON

6753

ALL INFORMATION ON

6753

6753

FOR DEPOSIT ONLY

832506

ALL INFORMATION ON

6753

No.

8325061167

6753

FOR DEPOSIT ONLY

832506

ALL INFORMATION ON

6753

MIAMI HAND CENTER

FOR DEPOSIT ONLY

832506

ALL INFORMATION ON

6753

6753

FOR DEPOSIT ONLY

832506

ALL INFORMATION ON

6753

No.

\$150.00

6753

FOR DEPOSIT ONLY

832506

ALL INFORMATION ON

6753

MIAMI HAND CENTER

FOR DEPOSIT ONLY

832506

ALL INFORMATION ON

6753