2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P96000081170

Entity Name: MIAMI HAND CENTER, INC.

Current Principal Place of Business:

8905 SW 87TH AVE
STE 101
MIAMI, FL 331762227 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0811130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ORBAY, JORGE L M.D.	
Address:	8905 S.W. 87TH AVENUE, SUITE 101	
City-St-Zip:	MIAMI, FL 33176	
Title:	ST	( ) Delete
Name:	KHOUPI, ROGER K M.D.	
Address:	8905 S.W. 87TH AVENUE, SUITE 101	
City-St-Zip:	MIAMI, FL 33176	
Title:	VP	( ) Delete
Name:	BADIA, ALEJANDRO M.D.	
Address:	8905 S.W. 87TH AVENUE, SUITE 101	
City-St-Zip:	MIAMI, FL 33176	
Title:	JO	( ) Delete
Name:	HERNANDEZ, EDUARDO G MD	
Address:	8905 SW 87TH AVE	
City-St-Zip:	MIAMI, FL 331762227 US	
Title:	JO	( ) Delete
Name:	ALEX, STEPHEN MD	
Address:	8905 SW 87TH AVE	
City-St-Zip:	MIAMI, FL 331762227 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE ORBAY, M.D. PRES 03/04/2009

Electronic Signature of Signing Officer or Director — Date