

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90132 012 ***150.00

DOCUMENT # P96000089683

1. Corporation Name

ALLCARE ORTHO-PROSTHETIC CENTER II, INC.

Principal Place of Business

3750 WEST 16 AVE. #404
HIALEAH FL 33012

Mailing Address

3750 WEST 16 AVE. #404
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

65-0706408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MIRANDA, FRANCISCA
4994 WEST 12 AVE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

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

3750 West 16 Ave # 404

83

84 City

Hialeah

FL

85 Zip Code

33012

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 *Francisca R Miranda*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELET

NAME ~~MIRANDA, CARLOS~~
STREET ADDRESS ~~3980 W 16 AVE.~~
CITY-ST-ZIP ~~MIA FL 33027~~

TITLE ☐ DELET

NAME MIRANDA, FRANCISCA
STREET ADDRESS 4994 WEST 12 AVE.
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELET

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELET

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELET

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELET

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 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, with all other like empowered.

SIGNATURE *Francisca R Miranda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-362-6000

CR2E034 (11/98)