

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000089683**

1. Entity Name

ALLCARE ORTHO-PROSTHETIC CENTER II, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 029 ***150.00

Principal Place of Business

Mailing Address

3750 WEST 16 AVE. #404
HIALEAH FL 33012**3750 WEST 16 AVE. #404**
HIALEAH FL 33012-4650

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0706408Applied For
Not Applied5. 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

MIRANDA, FRANCISCA
3750 WEST 16TH AVENUE
#404
HIALEAH FL 33012

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.

SIGNATURE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May**
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DTV**
MIRANDA, FRANCISCA
3750 W. 16TH AVENUE, #404
HIALEAH FL 33012☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00 (205) 362-6000