

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

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000096479 (6)

1. Corporation Name

DADE ORTHOPEDIC CONSULTANT, INC.

Principal Place of Business

10405 S.W. 89 PLACE  
MIAMI FL 33176  
US

Mailing Address

P.O. BOX 143648  
CORAL GABLES FL 33114  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

65-0718977

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 16750 SW 160 St.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 City & State

30 Zip

31 Country

32 Zip

33 Country

34 Zip

35 Country

36 Zip

37 Country

38 Zip

39 Country

40 Zip

41 Country

42 Zip

43 Country

44 Zip

45 Country

46 Zip

47 Country

48 Zip

49 Country

50 Zip

51 Country

52 Zip

53 Country

54 Zip

55 Country

56 Zip

57 Country

58 Zip

59 Country

60 Zip

61 Country

62 Zip

63 Country

64 Zip

65 Country

66 Zip

67 Country

68 Zip

69 Country

70 Zip

71 Country

72 Zip

73 Country

9. Name and Address of Current Registered Agent

ARVESU, MANUEL M ESQ.  
100 S.E. 2ND STREET  
SUITE 3700  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name MARIA DEL C. NIN  
82 Street Address (P.O. Box Number is Not Acceptable) 16750 SW 160 Street  
83  
84 City MIAMI FL 85 Zip Code 33187

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

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 PSD  
NAME ANDREU, MARI TERESA  
STREET ADDRESS 1803 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE

MARIA T. ANDREU, PRESIDENT  
1/8/98 305-235-5332

CF2E034 (10/97)