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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700007551

CICERO ORTHO-MED CENTER, INC.

Principal Place	of Business	Mailing Address					
4000 O.M. OHI OHILL!		4950 S.W. 8TH STREET	ſ				
SUITE 305		SUITE 305			DO NOT WRITE IN THIS SPACE		
CORAL GABLES FL: 33134		CORAL GABLES FL 33134			3. Date Incorporated or Qualifed		
							1
	<u> </u>				01/27/1997 4. FEI Number		pplied For
Principal Place of Business 2a. Mailing Address					I	·	ot Applicable
21 26					65-0721807		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional lequired
27							· -
City & State City & State					6. Election Campaign Financing		May Be
23 28					Trust Fund Contribution	Added	to Fees
Zip Country Zip			_ Country	Country 8. This corporation owes the current ye			m.
24	25	29 3	0		Personal Property Tax.	□Yes	□No
1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
	The state of the s	A 3 7 7 20 3 1	81	Name			
CRESPO, MANUEL L			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
2701	PONCE DE LEON BLVD.		02	Sileet Aut	iless (F.O. DOX Humber is Not y Cooperatory		, <u>.</u>
	E 302		83	-	1. 1. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		Part M.
	AL GABLES FL 33134					3.76 (1.16 (67 67 68 1981 F
•			84	City	• • • • • • • • • • • • • • • • • • • •	FI 85 Zip	Code Code
Andre See		COT 4509 Florida Statutos	the obov	o named cor	poration submits this statement for the purp	ose of changing if	s registered
					tion's board of directors. I hereby accept the	appointment as r	egistered
agent. I a	registered agent; or both, in the State of im familiar with, and accept the obligation	ns of, Section 607.0505, Florid	la Statutes	š. '			
SIGNATURE					·		<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R		nt signature requir	od milet, temberally	IATE	ODO IN 43
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	
TITLE	PTD	☐ DELETE	1,1 TITLE		(A)	[_] Change	, Managarian
NAME	CICERO, ANA	r	1.2 NAME	. {			.]
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	MIAMI FL 33173		1.4 CITY-5	ST-ZIP	ું કે લક્ષ્ ર કરવા છે.		
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TITLE			2.2 NAME				ł
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NAME		The second secon	4. 2 NAME	:			
STREET ADDRESS		ARRANA AMERIKA SEGRETA	4.3 STREI	ET ADDRESS			Ì
l 11		CONTRACTOR OF THE CONTRACTOR O	4.4 CITY-	ST-7IP			
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TITLE			5.2 NAME	I			-
NAME .		4.	1	ET ADDRESS	•		
STREET ADDRESS							1
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE			Chang	e
TITLE	TANKONA SA TANKA SANGARAN	☐ DELETÉ		·]
NAME		• •	6.2 NAME		** - 1 ** **		}
				ET ADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

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 off an attachment withan address, with all other like empowered.

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90061 030 ***150.00