

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085660

1. Entity Name

ORTHOPEDIC & TRAUMATOLOGY CENTER, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90072 048 ***150.00

Principal Place of Business

2500 S.W. 107TH AVE
#50
MIAMI FL 33165

Mailing Address

2500 S.W. 107TH AVE
#50
MIAMI FL 33165

2. Principal Place of Business

2500 S.W. 107TH AVE.

3. Mailing Address

2500 S.W. 107TH AVE.

Suite, Apt. #, etc.

SUITE # 22

Suite, Apt. #, etc.

SUITE # 22

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33145

Country

Zip

33145

Country

4. FEI Number

65-0813372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORO, IGNACIO MD

882 S.W. 28TH ROAD 8350 S.W. 48TH STREET
MIAMI FL 33129 MIAMI FL 33155

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE- ☐ Delete
NAME CORO, M. D. I
STREET ADDRESS 8350 SW 48 ST
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 12 if 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 #

01.13.01 305-551-7700

CR2E034 (10/00)