

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105763

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: SOUTH FLORIDA BONE AND JOINT CARE, INC.

## Current Principal Place of Business:

351 NW LEJEUNE RD, STE 205  
MIAMI, FL 33126

## New Principal Place of Business:

351 NW LEJEUNE RD  
205  
MIAMI, FL 33126

## Current Mailing Address:

351 NW LEJEUNE RD, STE 205  
MIAMI, FL 33126

## New Mailing Address:

351 NW LEJEUNE RD  
205  
MIAMI, FL 33126

FEI Number: 65-0804121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, ROLAND JR  
2333 PONCE DE LEON BLVD.  
SUITE 302  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MEDINA, ROLANDO S MD  
Address: 351 NW LEJUENE ROAD, #205  
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete  
Name: BEAUPERTY, GILBERT DO  
Address: 351 NW LEJEUNE ROAD #205  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BEAUPERTHUY, GILBERT DO  
Address: 351 NW LEJEUNE ROAD #205  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT BEAUPERTHUY-ROJAS

S

07/14/2008

Electronic Signature of Signing Officer or Director

Date