PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 26, 1999 8:00 am Secretary of State 03-26-1999 90012 043 \*\*\*150.00

**FILED** 

## DOCUMENT # P98000014892

Corporation Name

ORTHOP .A.	PAEDIC & SPORTS MEDI	ICINE CENTER (	of Miam),	P							,
Principal Place	of Business	Mailing Addr	e\$\$				, cia ister 1911 anii: 201	. 96tu 401ki 111	:		
1535 SUNSET DR 153			1535 SUNSET DR CORAL GABLES FL 33143				DO NOT WRITE IN THIS SPACE				,
	·					3. Date Incor	porated or Qualifed				
	•					02/06/19			<del></del>		1
2. Principal Pi	lace of Business	2a. Mailing A	Address, .		<u> </u>	- 4. FEI Numb	084693	<del>)</del>	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Ap	ot, #, etc.			5. Certifcate	of Status Desired	<u> </u>	\$8.75 A	quired	
City & State	8	City & Si	tate			1	empaign Financing =		-\$5.00 i		
23		28					Contribution		Added to	Fees	ł
- Zip	Country	Zp	r	Counti	У		ration owes the curre		ngible ∐Yes <sup>l</sup>	□No	
24 .	25	29		30			roperty Tax: Address of New R				1
	9. Name and Address of Cu	rrent Registered Age	ent	8	1 Name	10. Name and	Addition of them to				1
SAC	HER, CHARLES P			8	1	ddress (P.O. Box Nu	mber is Not Accepta	ble)		<del></del>	1
	5 LEJEUNE RD			8							1
	E 1101			ļ°	"		<u> </u>				1
	RAL GABLES FL 33134			8	1			FL	85 Zip C		
office or n	to the provisions of Sections 607, egistered agent, or both, in the Sim familiar with, and accept the ob-	tate of Florida. Such o	hange was au	thorized b	y the corpora	ation's board of dire	tors. Thereby accept	the appoint	ment as reg	ISTALAO	
SIGNATURE	٠.					uired when rematating)	<del> </del>	DATÉ			
	Signature, typed or printed name of registered	d agent and title if applicable. S AND DIRECTORS	(NOTE:			uired when rematating)	VCHANGES TO OFF	DATÉ	DIRECTO	RS IN 12	1,001
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. S AND DIRECTORS		Registered Ac	ent signature req	uired when rematating)	<del> </del>	DATÉ			
SIGNATURE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. S AND DIRECTORS	(NOTE:	Registered Ac	ent signature req	uired when rematating)	<del> </del>	DATÉ	DIRECTO	RS IN 12	
SIGNATURE 12.	Signature, typed or printed name of registeres OFFICERS D	d agent and title if applicable. S AND DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAM 1.3 STRE	ert signature req	uired when rematating)	<del> </del>	DATÉ	DIRECTO	RS IN 12	
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

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SIGNAL MALE CHORDS OFFICER OR DIRECTOR

Dr. films

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