2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 08:00 AM Secretary of State

			Sacrat	ary at Stata
DOCUMENT # P980000742 1. Entity Name ORTHOPEDIC HEALTH CENTER, INC			Secret	ary of State
Principal Place of Business	Malling Address) 1000000	AC4 + O4
2601 S.W. 37TH AVE., SUITE 607 MIAMI, FL 33133	2601 S.W. 37TH AVE., SUITE 60 MIAMI, FL 33133)7	03\SD\08-	461184 80041- 0 11 150.00
				NIN 88 00 (8 8 0 808)
And the second s	Allendar St. 1			
be the direction may be the three th	And the second second surprise of the second	1300 In the second	02022006 No Chg-P	CR2E034 (11/05)
DO NOT WRITE	IN THIS SPAC	Œ	4. FEI Number	Applied For
The second secon			65-0860435	Not Applicable
Company of the state of the sta	The same of the sa	27.77	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Re				
ZASLOW, DENNIS B D.O.				
2601 S.W. 37TH AVE., SUITE 607 MIAMI, FL 33133			DO NOT W	
			IN THIS SP	PACE
	}	xx — Mary		and the second s
The above named entity submits this statement for it the obligations of registered agent. SIGNATURE	ne purpose of changing its registerer	d office or registere	ed agent, or both, in the State of Fi	orlda. I am familiar with, and accept
Signature, typed or printed name of negistered agent and	title it applicable. (NOTE: Registered	Agent signature required s	when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.		JO May Be d to Fees	
10. OFFICERS AND DI	RECTORS		The state of the s	to the control of the
MAME ZASLOW, DENNIS B 0.0.		saste talat ny	· Sun to Sun phonon summer	
STREET ADDRESS 2601 S.W. 37TH AVE., SUITE 607		A The second sec	m, and the second secon	
CITY-ST-ZP MIAMI, FL 33133		And State and St		
TITLE HAME			And Address of the Control of the Co	A Part of the Control
STREET ADDRESS		Application of the completion in	The second secon	1
CITY-ST-ZIP		**************************************	A STATE OF THE STA	The state of the s
TITLE NAME	·			
STREET ADDRESS				
CTY-51-2F			DO NOT W	/KIIE
INLE NAME			IN THIS SI	PACE
STREET ADDRESS				
CITY-ST-ZIP				
		7777	And the second s	A V S C C C C C C C C C C C C C C C C C C
TITLE NAME				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with ap address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS

Denny & Janey DIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR ORRECTOR

3/5/06

Claytima Phone E