## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # P98000079458  1. Enlity Name H & S ORTHOPEDICS INC.							04-12-2004 90290 003 ***150.00					
Principal Place of Business  9521 FOUNTAINBLEAU BLVD  #205  MIAMI, FL 33172  MIAMI, FL 33172												
2. Principal Pl 2894	SW	176 to WAY		2894 SW 176 - WAY								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04062004	Chg-P	CR2E0	34 (10/03)		
City & State . M IRA	MAL,	FLORIM	City & State MIRAMAK,	MIRAMAK, FLOR			4. FEI Number 65-0863				olied For Applicable	
Zip <b>330</b>	29	Country	3302 T	Zip Country			5. Certificate o	S8.75 Additional Fee Required				
	6. Name	and Address of Curren		7. Name and Address of New Registered Agent								
PEREZ, PEDRO O 9521 FOUNTAINBLEAU BLVD #295 MIAMI, FL 33172						Name  Street Address (P.O. Box Number is Not Acceptable)						
2894 SW 176 1 WAY										Zip Code		
MIRAMAR, FLOR 104 33029								\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FL	·   '		
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE & CHICA OLIVOR 04-07-04												
Signature, typed or printed name (systemed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees												
10.	OFFICERS AND DIRECTORS 11							CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11	
TITLE NAME	PVSD REREZ_I	TITL:		PUS I		۸.0		Change	Addition			
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CITY-ST-ZIP				CITY	∕-ST-ZIP			in our disprisely are				
12. I hereby indicated of the co-	certify that the lon this reporation or or on an at	he information supplied wort or supplemental report the receiver or trustee em tachment with ap address	ith this filing does not qualify is true and accurate and the powered to execute this repo with all other like empowers	for the exe it my signa ort as reque ed.	emption stat sture shall h ired by Cha	ed in Se ave the opter 607	ection 119.07(3)(i same legal effect 7, Florida Statutes	), Florida Statutes. as if made under s; and that my nam	l further cer oath; that I i e appears i	tify that the ir am an officer in Block 10 or	nformation or director Block 11 if	

04-07-04

Date

Daytime Phone #