04-30-2001 90067 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000032800**

1. Entity Name

ALT RUBIAN ORTHOPEDICS CENTERS, INC.

Principal Place of Business

Mailing Address

6344 BIRD ROAD

6344 RIRD ROAD

IIAMI FL 33155		MIAMI FL 33155						
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
		odito, ripti ii, oto.		DONOF	VRITE IN THIS SPA	AUE		
City & State		City & State		4. PEI Number 65-0910	545	Applied For Not Applieable		
Zip			Country	5. Certificate of Status Dosired		\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of Ne	w Registered Ag	ent		
			Name					
MIRABAI, MARIO T 4120 SW 124TH AVENUE MIAMI FL 33175			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
			City		Jon 1	Zip Code	e ,	
CIONIATUDE	named entity submits this statement for t		TF. Registered Agent signature re		DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 2	/!!! FEE IS \$150.00 1001 Fee will be \$550 able to Department of		_		0 May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO	OFFICERS AND E	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mirabai, Mario T 4120 SW 124TH AVE. Miami Fl 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[□ Ohange	Adcition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Acdition	
TITLE NAME STREET ADDRESS CITY-ST-ZiP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-Z:P		-	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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.

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR