FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:29

DOCUMENT # V09499 (7)

1. Corporation Name
AMERICAN ORTHOPEDIC CARE, INC.

Principal Place of Business
351 NW LE JEUNE ROAD
SUITE 205
MIAMI FL 33126

Mailing Address
351 NW LE JEUNE ROAD
SUITE 205
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1992
3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0306362 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NIN, FREDERICK
351 NW LE JEUNE ROAD
SUITE 205
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE 1/9/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NIN, FREDERICK
STREET ADDRESS	351 NW LE JEUNE ROAD
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	SOLARZANO, OSCAR
STREET ADDRESS	351 NW LE JEUNE ROAD
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	SOLARZANO, OSCAR
STREET ADDRESS	351 NW LE JEUNE ROAD
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: FREDERICK L. NIN, MD 1/9/95 305-649-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0122410 CP