

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name V11845 (7) AMERICA ORTHOPEDIC, INC.			
Principal Place of Business 1158 SW 1ST STREET C.B. 211 MIAMI, FL 33130 US		Mailing Address 1158 SW 1ST STREET C.B. 211 MIAMI, FL 33130 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/05/1992	3a. Date of Last Report 04/26/1996
		4. FEI Number 65-0313922	Applied For Not Applicable
		5. Certificate of Status Desired X	\$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 ALVEIRO VALENCIA 1158 SW 1ST STREET C.B. 211 MIAMI, FL 33130 US		10. Name and Address of New Registered Agent 81 Name ALVEIRO VALENCIA 82 Street Address (P.O. Box Number is Not Acceptable) 1158 SW 1ST STREET 83 C.B. 211 84 City MIAMI FL 85 Zip Code 33130	
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: ALVEIRO VALENCIA ACCT DATE: 7-11-97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P7 LOURDES, LEYVA Q. 3801 SW 126 AVE. CB 211 MIRAMAR, FL 33027		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S OLGA QUIRANTES 3801 SW 126 AVE CB 211 MIRAMAR, FL 33027		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP S OLGA QUIRANTES 3801 SW 126 AVE CB 211 MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 7 LOURDES LEYVA Q. 3801 SW 126 AVE CB 211 MIRAMAR, FL 33027		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 000002238960 -07/16/97--01004--028 ***558.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP OC 7/15	
14. I do 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 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: ALVEIRO VALENCIA R.A. 7-1-97 3055457777			

CR2E034 (9/96)