

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # V53552

1. Entity Name
MIAMI ORTHO-MED CLINIC, INC.



Principal Place of Business
1300 SW 27 AVE
MIAMI, FL 33145

Mailing Address
1300 SW 27 AVE
MIAMI, FL 33145



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0346593

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J ESQ
ALBORNOZ, SEGREDO & WEISZ
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134

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IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLER, MARIO A MD PA
STREET ADDRESS	1300 SW 27 AVE
CITY- ST- ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/28/05-80023-015 150.00

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IN THIS SPACE**

12. 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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered

SIGNATURE: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-23-05 305-643-0071
Date Daytime Phone #