

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90519 023 \*\*\*150.00

**DOCUMENT # P93000079631**

1. Entity Name  
ORTHOPAEDIC CENTER OF SOUTH FLORIDA, P.A.



Principal Place of Business  
600 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324 US

Mailing Address  
600 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324 US

**50045478**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0452574

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, STEPHEN J  
2216 SUNRISE KEY BLVD  
FT LAUDERDALE, FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR ☐ Delete  
NAME ROLNICK, AUDIE M M.D.  
STREET ADDRESS 600 S. PINE ISLAND RD., SUITE 300  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE Dr. ☐ Change ☒ Addition  
NAME Cummings, Phillip B M.D.  
STREET ADDRESS 600 S. Pine Island Rd., Suite 300  
CITY-ST-ZIP Plantation, FL 33324

TITLE DR ☐ Delete  
NAME BERKOWITZ, BRUCE M.D.  
STREET ADDRESS 600 S. PINE ISLAND RD., SUITE 300  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DR ☐ Delete  
NAME SIMON, RICHARD M.D.  
STREET ADDRESS 600 S. PINE ISLAND RD., STE. 300  
CITY-ST-ZIP PLANTATION, FL 33342

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DR ☐ Delete  
NAME JACOBS, STEPHEN MD  
STREET ADDRESS 600 S PINE ISLAND RD, STE 300  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DR ☐ Delete  
NAME CHAYET, BRAD MD  
STREET ADDRESS 600 S PINE ISLAND RD STE 300  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DR ☐ Delete  
NAME JAROLEM, KENNETH MD  
STREET ADDRESS 600 S PINE ISLAND RD STE 300  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

Stephen J. Jacobs, M.D.

April 25, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #