

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079631

FILED
Jan 31, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0452574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZISKIND & ARVIN, P.A.
3059 GRAND AVENUE
SUITE 300
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: SIMON, RICHARD J M.D.
Address: 600 S. PINE ISLAND RD., SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR
Name: BERKOWITZ, BRUCE M M.D.
Address: 600 S. PINE ISLAND RD., SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR
Name: ROLNICK, AUDIE M M.D.
Address: 600 S. PINE ISLAND RD., STE. 300
City-St-Zip: PLANTATION, FL 33342

Title: DR
Name: JACOBS, STEPHEN MD
Address: 600 S PINE ISLAND RD, STE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR
Name: CHAYET, BRAD MD
Address: 600 S PINE ISLAND RD STE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR
Name: JAROLEM, KENNETH MD
Address: 600 S PINE ISLAND RD STE 300
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN JACOBS MD

DR

01/31/2012

Electronic Signature of Signing Officer or Director

Date

ORTHOPAEDIC CENTER Of South Florida

Board Certified by the American
Board of Orthopaedic Surgery

Bruce M. Berkowitz, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

Brad S. Chayet, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

Phillip B. Cummings, M.D.
Hand Surgery, Microvascular Surgery
& Elbow Surgery

Stephen J. Jacobs, M.D.
Orthopaedic Surgery & Arthroscopy
Sports Medicine & Reconstructive Surgery

Kenneth L. Jarolem, M.D.
Spinal Surgery
Orthopaedic Surgery

Richard M. Linn, M.D.
Orthopaedic Surgery
Arthroscopic & Reconstructive Surgery

Marisel Medina, D.P.M.*
Podiatric Medicine
Foot & Ankle Surgery

Benjamin S. Parish, M.D.†
Interventional Pain Management

Audie M. Roinick, M.D.
Orthopaedic Surgery
Arthroscopic & Reconstructive Surgery

Neil A. Schechter, M.D.
Spinal Surgery
Orthopaedic Surgery

Richard J. Simon, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

Douglas R. Stringham, M.D.
Orthopaedic Surgery
Sports Medicine & Arthroscopy

* Board Eligible

† Board Certified in Anesthesiology By
The American Board of Anesthesiology &
Board Certified in Pain Medicine By The
American Board of Anesthesiology

February 23, 2012

Florida Department of State
Attn: Division of Corporations
Fax: 850-245-6017

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Orthopaedic Center of South Florida

To whom it may concern:

I have filed my annual report online (confirmation number
500220112385) and I need to add 3 additional officers to our
Corporation.

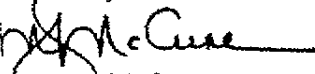
Dr.
Cummings, Phillip B M.D.
600 S Pine Island Rd, Suite 300
Plantation, FL 33324

Dr.
Linn, Richard M M.D.
600 S Pine Island Rd, Suite 300
Plantation, FL 33324

Dr.
Schechter, Neil A M.D.
600 S Pine Island Rd, Suite 300
Plantation, FL 33324

I can be contact at 954-473-6344 extension 3064 with any
questions or concerns that you may have.

Sincerely,


Melissa McCune
Executive Assistant

Main Office:

600 S. Pine Island Rd. • Ste. 300 • Plantation, FL 33324

Telephone: 954-473-6344 • 800-55-ORTHO • Fax: 954-473-2603

Locations in: Tamarac • Ft. Lauderdale • Boca Raton • Delray Beach

www.ocfsdocs.com

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