PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. page 1 of 2

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -1 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088967

1. Corporation Name

ORTHOPAEDIC SURGERY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1401 NW 9TH AVE BOCA RATON FL 33486 US	1401 NW 9TH AVE BOCA RATON FL 33486 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

02/13/02 90212 023 150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/1995

5. FEI Number: 65-0640914 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or ~~Director~~ (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LUSKIN, MD, BRANDON	1401 NW 9TH AVE	BOCA RATON FL 33486
VP	VAN HOUTEN, JOHN A MD	1401 NW 9TH AVE	BOCA RATON FL 33486
T	EIDELSON, STEWART G M.D.	1401 NW 9TH AVE	BOCA RATON FL 33486
T	SHAPIRO, ERIC T M.D.	1401 NW 9TH AVE	BOCA RATON FL 33486
VP	ZANN, ROBERT B., M.D.	1401 NW 9TH AVE	BOCA RATON FL 33486
		02 UBC TO	

8. Name and Address of Current Registered Agent

CORNELL, ROBERT E
1401 NW 9TH AVENUE
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Robert E. Cornell Date: 10-28-02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-28-02

SIGNATURE: SIGNATURE REQUIRED Brandon L. Luskin MD 561.620.1651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

paper #2

ORTHOPAEDIC SURGERY ASSOCIATES

COMPREHENSIVE MUSCULOSKELETAL CENTERS

BOCA RATON: 1401 N.W. 9th Avenue • **BOCA RATON**, FL 33486
Tel: (561) 395-5733 • FAX: (561) 395-3098

BOYNTON BEACH: 2828 S. Seacrest Boulevard, Suite 204 • **BOYNTON BEACH**, FL 33435
Tel: (561) 734-5080 • FAX: (561) 369-1332

ARTHROSCOPY • FOOT SURGERY • HAND SURGERY • JOINT REPLACEMENT • PAIN MANAGEMENT • SPINAL SURGERY • SPORTS MEDICINE

JOHN A. VAN HOUTEN, M.D.
General Orthopaedics
Arthroscopic Surgery
Fractures
Foot and Ankle

ROBERT B. ZANN, MD, F.A.C.S.
Hip and Knee
Reconstructive Surgery

STEWART G. EIDELSON, M.D.
Spinal Reconstructive Surgery
Minimally Invasive
Disc Surgery
Spinal Stenosis
General Orthopaedics

ERIC T. SHAPIRO, M.D.
Sports Medicine
Arthroscopy
General Orthopaedics

EDGAR G. HANDAL, M.D.
Adult Reconstruction
Joint Replacement
(Primary and Revision)
Arthroscopy
General Orthopaedics

BRANDON J. LUSKIN, M.D.
Hand and Upper Extremity
Surgery
General Orthopaedics

DAVID R. SIMPSON, M.D.
General Orthopaedics
Fractures
Arthroscopy

WILLIAM S. BERMAN, M.D.
Physical Medicine and
Rehabilitation
Pain Management
Electrodiagnostic
Medicine

GERARDO ZLOCZOVER, M.D.
Pain Management

BILLIE REMSA
Practice Administrator

October 28, 2002

Florida Department of State
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: Orthopaedic Surgery Associates, Inc.
Document Number P95000088967

To whom it may concern:

Enclosed is the 2002 Uniform Business Report for the above entity. We are requesting that the penalty fee of $600.00 be waived. We mailed the report in the end of January 2002 with payment. On February 8, 2002 you cleared our payment. However, in error we filled the resident agent to be our attorney and sent to the state without his signature. We never received your correspondence on February 18, 2002 informing us of this error. We just received a new 2002 report requesting the penalty amount. We will leave the registered agent as Robert Cornell for now.

Thank you for your cooperation. Please contact me at 561-620-1651 if you should have any questions.

Sincerely,

Robert E. Cornell

Robert E. Cornell
Controller

INTERNET:
www.ortho-spine.com
www.spineuniverse.com