

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 31, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P02000125954  
1. Entity Name  
ORTHOPEDIC CARE CENTER, INC.



Principal Place of Business      Mailing Address  
21000 N.E. 28TH AVENUE      21000 N.E. 28TH AVENUE  
AVENTURA, FL 33180      AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**



01252006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-0357304      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
SILVERMAN, BARRY J  
21000 N.E. 28TH AVENUE  
AVENTURA, FL 33180

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SILVERMAN, BARRY J
STREET ADDRESS	21000 N.E. 28TH AVENUE
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY - ST - ZIP	

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02/03/05-80068-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barry J Silverman      Barry J Silverman      1/26/05      305-937-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #