

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90138 002 ***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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

TITLE **D** ☐ Change ☒ Addition
NAME **Phillip Cummings, MD**
STREET ADDRESS **600 S. Pine Island Rd #300**
CITY-ST-ZIP **Plantation, FL 33324**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Jarolem, Kenneth MD**
STREET ADDRESS **600 S. Pine Island Rd #300**
CITY-ST-ZIP **Plantation, FL 33324**

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD2E034 (10/02)