

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000079631

**Entity Name:** ORTHOPAEDIC CENTER OF SOUTH FLORIDA, P.A.**Current Principal Place of Business:**600 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324**Current Mailing Address:**600 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324 US**FEI Number:** 65-0452574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARVIN, KENNETH I ESQ.  
3059 GRAND AVENUE  
SUITE 300  
MIAMI, FL 33133 US*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:** KENNETH I. ARVIN, ESQ.

01/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-MANAGING PARTNER  
Name SIMON, RICHARD J DR.  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title PARTNER  
Name ROLNICK, AUDIE M DR  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title CO-MANAGING PARTNER  
Name JACOBS, STEPHEN J DR  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title PARTNER  
Name CHAYET, BRAD S DR  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title PARTNER  
Name JAROLEM, KENNETH L DR.  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title PARTNER  
Name CUMMINGS, PHILLIP B DR  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title PARTNER  
Name LINN, RICHARD M DR  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title PARTNER  
Name SCHECHTER, NEIL A DR  
Address 600 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

**Continues on page 2**

*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

CO-MANAGING PARTNER 01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                    PARTNER  
Name                   BLUM, DAVID A DR.  
Address                600 SOUTH PINE ISLAND ROAD  
                             SUITE 300  
City-State-Zip:       PLANTATION FL 33324

Title                    PARTNER  
Name                   EIERLE, CARL C DR.  
Address                600 SOUTH PINE ISLAND ROAD  
                             SUITE 300  
City-State-Zip:       PLANTATION FL 33324