

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601373

1. Entity Name

ORTHOPEDIC SPECIALISTS OF SOUTH FLORIDA, P.A.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90055 009 ***150.00

Principal Place of Business

Mailing Address

7100 WEST 20TH AVE.
SUITE 101
HIALEAH FL 33016

7100 WEST 20TH AVE.
SUITE 101
HIALEAH FL 33016-1813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANGELIDES, ALEXANDER C., MD
7100 WEST 20TH AVE, STE 101
HIALEAH FL 33016

4. FEI Number

59-1272217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

ORESTES G. ROSABAL, M.D.

Street Address (P.O. Box Number is Not Acceptable)

7100 W. 20TH AVENUE SUITE 101

HIALEAH, FLORIDA 33016

City

FL

Zip Code

33016

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3.6.2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANGELIDES, ALEXANDER C.	
STREET ADDRESS	7100 W 20TH AVE	
CITY-ST-ZIP	HIALEAH, FL 0	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HINDS, RONALD B.	
STREET ADDRESS	7100 W 20TH AVE #101	
CITY-ST-ZIP	HIALEAH, FL 0	
TITLE	S-NEW-TITLE	<input type="checkbox"/> Delete
NAME	NADLER, STEVEN P.	
STREET ADDRESS	7100 W 20TH AVE #101	
CITY-ST-ZIP	HIALEAH, FL 0	
TITLE	ST-NEW-TITLE	<input type="checkbox"/> Delete
NAME	ROSABAL, ORESTES G.	
STREET ADDRESS	7100 W. 20TH AVE #101	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSABAL, ORESTES	
STREET ADDRESS	7100 WEST 20TH AVENUE SUITE 101	
CITY-ST-ZIP	HIALEAH, FLORIDA 33016	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADLER, STEVEN	
STREET ADDRESS	7100 WEST 20TH AVENUE SUITE 101	
CITY-ST-ZIP	HIALEAH, FLORIDA 33016	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASTERLING, KENNETH J.	
STREET ADDRESS	7100 WEST 20 AVENUE SUITE 101	
CITY-ST-ZIP	HIALEAH, FLORIDA 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.6.2000

305 822 0401

Date

Daytime Phone #

CR2E034 (9/99)