

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601373

1. Entity Name
**ORTHOPEDIC SPECIALISTS OF SOUTH FLORIDA,
P.A.**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 25 PM 3:00

Principal Place of Business
7100 WEST 20TH AVE.
SUITE 101
HIALEAH, FL 33016

Mailing Address
7100 WEST 20TH AVE.
SUITE 101
HIALEAH, FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1272217

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

ROSABAL, ORESTES G MD
7100 WEST 20TH AVE, STE 101
HIALEAH, FL 33016

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 P ☐ Delete
NAME ROSABAL, ORESTES
STREET ADDRESS 7100 W 20TH AVE
CITY-ST-ZIP HIALEAH, FL 33016

TITLE DP ☒ Change ☐ Addition
NAME Rosabal, Orestes G., M.D.
STREET ADDRESS 7100 W. 20th Avenue
CITY-ST-ZIP Hialeah, FL 33016

TITLE ST ☒ Delete
NAME NADLER, STEVEN P.
STREET ADDRESS 7100 W 20TH AVE #101
CITY-ST-ZIP HIALEAH, FL 33016

TITLE DV ☐ Change ☒ Addition
NAME Krikorian, Enrique, M.D.
STREET ADDRESS 7100 W. 20th Avenue
CITY-ST-ZIP Hialeah, FL 33016

TITLE VP ☐ Delete
NAME EASTERLING, KENNETH J MD
STREET ADDRESS 7100 WEST 20 AVENUE SUITE 101
CITY-ST-ZIP HIALEAH, FL 33016

TITLE DST ☒ Change ☐ Addition
NAME Easterling, Kenneth J., M.D.
STREET ADDRESS 7100 W. 20th Avenue
CITY-ST-ZIP Hialeah, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300018470913
05/07/03--01124--019 **61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-822-0401

CR2E034 (10/02)