

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State



DOCUMENT # 603328
 1. Entity Name
ORTHOPAEDIC & SPORTS MEDICINE CENTER OF MIAMI, P.A.

Principal Place of Business Mailing Address
6701 SUNSET DR. P.O. BOX 43-0430
201 MIAMI FL 33143 MIAMI FL 33243



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-1370925** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent
KALBAC, DANIEL G MD
P.O. 43-0430
MIAMI FL 33243
 7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP	DR KALBAC, DANIEL 6701 SUNSET DR., SUITE 201 MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000602733 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/26/07-80103-007 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **1/20/07 305 378-6619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #