

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **603749** (3)

1. Corporation Name
STEIN ORTHOPEDIC ASSOCIATES, P.A.



Principal Place of Business: **8251 W. BROWARD BLVD. SUITE 105 PLANTATION FL 33324**
Mailing Address: **8251 W. BROWARD BLVD. SUITE 105 PLANTATION FL 33324**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. City & State
23. City & State
24. Zip
25. Country
26. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
28. City & State
29. City & State
30. Zip
31. Country

3. Date Incorporated or Qualified: **10/05/1972**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-1432508**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent

**STEIN, ALVIN
8251 W. BROWARD BLVD. SUITE 105
10
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature typed or printed (name of registered agent and FEI if applicable)

(NOTE: Registered Agent signature required when the office)

DATE

12. OFFICERS AND DIRECTORS
1. TITLE: DELETE
NAME: **STEIN, ALVIN**
STREET ADDRESS: **5220 N 31ST PLACE**
CITY-ST-ZIP: **HOLLYWOOD FL**
2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE: Change Addition
NAME:
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY-ST-ZIP:
5. 5. 1. TITLE: Change Addition
NAME:
6. 6. NAME:
7. 7. STREET ADDRESS:
8. 8. CITY-ST-ZIP:
9. 9. 1. TITLE: Change Addition
NAME:
10. 10. NAME:
11. 11. STREET ADDRESS:
12. 12. CITY-ST-ZIP:
13. 13. 1. TITLE: Change Addition
NAME:
14. 14. NAME:
15. 15. STREET ADDRESS:
16. 16. CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alvin Stein* ALVIN STEIN 4/1/96 (954) 473-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)