UN DOCU	DO3 FOR PROFIFORM BUSINMENT #60374	ESS REPOR	ATION T (UBR)	FILED Mar 18, 2003 8:00 am Secretary of State
1. Entity Name STEIN ORTHOPEDIC ASSOCIATES, P.A.				03-18-2003 90071 021 ***150.00
Principal Place of Business 4101 NW 4TH STREET SUITE 401 PLANTATION FL 33317 US 2. Principal Place of Business		Mailing Address 4101 NW 4TH STREET SUITE 401 PLANTATION FL 33317 US 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-1432508 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
STEIN, ALVIN 4101 NW 4TH STREET SUITE 401			Street Address	(P.O. Box Number is Not Acceptable)
PLANTATION FL 33317			City	FL Zip Code
 The above the obligat 	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	ad when reinstating) DATE
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEIN, ALVIN 3650 N 45 AVE HOLLYWOOD FL	🗖 Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition (%) Change Addition (%) Change Addition (%) Change Addition (%)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 🗆 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		L.] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby ce indicated c of the corp changed, c	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	this filing does not qualify for true and accurate and that m wered to execute this report a <i>i</i> th all other like empowered.	the exemption stated in Si y signature shall have the s required by Chapter 60	ection 719.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made uniter oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATI		IRE REQUIR		Ulm. 4th