

04-1253-00

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 671739**

1. Entity Name

**ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.****FILED****Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90036 011 \*\*\*150.00

Principal Place of Business

Mailing Address

**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243****P.O. BOX 380546  
BIRMINGHAM AL 35238-0546**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1997926**

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, P. DARYL	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	TANNER, ANTHONY J	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brandon O. Hale	
STREET ADDRESS	One HealthSouth Parkway	
CITY-ST-ZIP	Birmingham, AL 35243	

TITLE	VT	<input type="checkbox"/> Delete
NAME	MARTIN, MICHAEL	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	BENNETT, JAMES P	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	BOTTS, RICHARD E	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

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

Richard E. Botts, VP

Date

Daytime Phone #

1/24/00 (205) 967-7116

CR2E034 (9/99)