

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90173 012 \*\*\*150.00

DOCUMENT # 671739

1. Entity Name  
**ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>ONE HEALTHSOUTH PARKWAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 380546</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>BIRMINGHAM, AL</b>	City & State <b>BIRMINGHAM, AL</b>	4. FEI Number <b>59-1997926</b>	Applied For Not Applicable
Zip <b>35243</b>	Country <b>US</b>	Zip <b>35243</b>	Country <b>US</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>CT CORPORATION</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND ROAD</b>
City <b>PLANTATION</b>
State <b>FL</b>
Zip Code <b>33324</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE <b>CD</b> NAME <b>GORDON, JOEL C</b> STREET ADDRESS <b>ONE HEALTHSOUTH PARKWAY</b> CITY - ST - ZIP <b>BIRMINGHAM, AL 35243</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE <b>VTD</b> NAME <b>SANSONE, GUY</b> STREET ADDRESS <b>ONE HEALTHSOUTH PARKWAY</b> CITY - ST - ZIP <b>BIRMINGHAM, AL 35243</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE <b>PD</b> NAME <b>MAY, ROBERT P</b> STREET ADDRESS <b>ONE HEALTHSOUTH PARKWAY</b> CITY - ST - ZIP <b>BIRMINGHAM, AL 35243</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE <b>S</b> NAME <b>DOODY, GREG L</b> STREET ADDRESS <b>ONE HEALTHSOUTH PARKWAY</b> CITY - ST - ZIP <b>BIRMINGHAM, AL 35243</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE <b>V</b> NAME <b>BRIAN M. MENKE</b> STREET ADDRESS <b>ONE HEALTHSOUTH PARKWAY</b> CITY - ST - ZIP <b>BIRMINGHAM, AL 35243</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE <b>V</b> NAME <b>TAYLOR, LARRY D</b> STREET ADDRESS <b>ONE HEALTHSOUTH PARKWAY</b> CITY - ST - ZIP <b>BIRMINGHAM, AL 35243</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE  **BRIAN M. MENKE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/04**  
Date

**205-967-7116**  
Daytime Phone #

ATTACHMENT

# 1071739

14020589

ANNUAL LIST OF OFFICERS

Patrick A. Foster	Vice President
Karen G. Davis	Vice President
C. Drew Demaray	Vice President and Assistant Secretary
Beall D. Gary, Jr.	Vice President and Assistant Secretary

All Addresses c/o  
HEALTHSOUTH Corporation  
One Healthsouth Parkway  
Birmingham, AL 35243  
Phone (205) 967-7116