


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90111 029 \*\*\*150.00

<b>DOCUMENT # 671739</b>	
1. Entity Name <b>ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.</b>	

Principal Place of Business <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b>	Mailing Address <b>P.O. BOX 380546 BIRMINGHAM AL 35238</b>
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**50049488**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1997926</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>CT CORPORATION7 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANSONE, GUY ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOODY, GREG L ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENKE, BRIAN M ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, LARRY D ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Grinney, Jay One HealthSouth Parkway Birmingham, Alabama 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Workman, John One HealthSouth Parkway Birmingham, Alabama 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Snow, Michael D. One HealthSouth Parkway Birmingham, Alabama 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Doody, Gregory L. One HealthSouth Parkway Birmingham, Alabama 35243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Foxworthy, James C. One HealthSouth Parkway Birmingham, Alabama 35243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **Brian M. Menke** **4/25/05** **205-967-7116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #