

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

DOCUMENT # A93000000516

1. Entity Name  
DADE ORTHOPAEDIC MANAGEMENT, LTD.



FILED

04 APR 30 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
MIAMI HEART MIAMI HEART  
4701 N. MERIDIAN AVE., #4210 4701 N. MERIDIAN AVE., #4210  
MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 US

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

04142004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0411040 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KRAMER, ROBERT M  
C/O KRAMER & ZUCKERMAN, P.A.  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent  
Name Balwant Cheema, PA  
Street Address (P.O. Box Number is Not Acceptable)  
4160 West 16th Avenue Suite 309  
Hialeah FL 33012

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

4-14-04  
DATE

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date. 990.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	BHANDARI, RAMDAS 4701 N. MERIDIAN AVE., #4210 MIAMI BEACH, FL 33139	STREET ADDRESS	CITY-ST-ZIP	400036482804 05/14/04--01060--018 **141.25
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *RAMDAS BHANDARI* RANDAS BHANDARI, MD  
PARTNER 4/2/04 305-672-4111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #