

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001256**

1. Entity Name

**BONE AND JOINT TREATMENT CENTERS OF SOUTH FLORID**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06

Principal Place of Business Mailing Address  
C/O MARSHA G. MADORSKY C/O MARSHA G. MADORSKY  
2665 SOUTH BAYSHORE DRIVE, SUITE 603 2665 SOUTH BAYSHORE DRIVE, SUITE 603  
MIAMI FL 33133 MIAMI FL 33133-5401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
**2000 S. Bayshore Drive. #603**  
**Villa #41**  
**Miami, Florida 33133**

4. FEI Number **65-0695010** Applied For  
Not Applicable

Zip Country Zip Country  
**33133 U.S.**  
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  
MADORSKY, MARSHA G ESQUIRE  
2665 SOUTH BAYSHORE DRIVE, SUITE 603  
MIAMI FL 33133  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2000 S. Bayshore Drive  
MIAMI FL 33133  
City FL Zip Code 33133

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	GP9600000421	STREET ADDRESS	2000 S. Bayshore Drive, Villa #41
NAME	BONE&JOINT TRTMNT CNTRS OF AMER. PTNRSHIP.	CITY - ST - ZIP	Miami, Florida 33133
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 603	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	700003283137--5
CITY - ST - ZIP		CITY - ST - ZIP	-06/09/00--01039--006
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/5/2008 305-265 2853