

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H08745

FILED
Jul 22, 2005
Secretary of State

Entity Name: SOUTH DADE ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

9299 S.W. 152ND STREET
SUITE #103
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9299 S.W. 152ND STREET
SUITE #103
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-2417574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KTG & S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP (X) Delete
Name: STEINER, SAMUEL M.D.
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: DST () Delete
Name: LANG, ELLIOT M.D.
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: DVP () Delete
Name: EVANS, THEODORE M.D.
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: LANG, ELLIOT M.D.
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: DVST (X) Change () Addition
Name: EVANS, THEODORE M.D.
Address: 9299 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE EVANS MD

S

07/22/2005

Electronic Signature of Signing Officer or Director

Date