

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-06-2006 90072 024 ***150.00

DOCUMENT # H08745 1. Entity Name SOUTH DADE ORTHOPAEDIC ASSOCIATES, P.A.					
Principal Place of Business 9299 S.W. 152ND STREET SUITE #103 MIAMI FL 33157			Mailing Address 9299 S.W. 152ND STREET SUITE #103 MIAMI FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2417574	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KTG & S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET 28TH FLOOR MIAMI FL 33131				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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP LANG, ELLIOT M.D. 9299 S.W. 152ND STREET MIAMI FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST EVANS, THEODORE M.D. 9299 S.W. 152ND STREET MIAMI FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>THEODORE A. EVANS, M.D.</u> 2/22/06 305-253-3080					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					