

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 035 ***150.00

DOCUMENT # H08745

1. Entity Name

SOUTH DADE ORTHOPAEDIC ASSOCIATES, P.A.



Principal Place of Business

~~9200 S.W. 152ND STREET~~
~~SUITE #103~~
MIAMI FL ~~33157~~

Mailing Address

~~9200 S.W. 152ND STREET~~
~~SUITE #103~~
MIAMI FL ~~33157~~

2. Principal Place of Business - No P.O. Box #

7867 N. Kendall Drive

Suite, Apt. #, etc.

Suite #130

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Fl. 33156

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2417574

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE DP
NAME LANG, ELLIOT M.D.
STREET ADDRESS ~~9200 S.W. 152ND STREET~~
CITY- ST- ZIP MIAMI FL ~~33157~~ ☐ Delete

TITLE DVST
NAME EVANS, THEODORE M.D.
STREET ADDRESS ~~9200 S.W. 152ND STREET~~
CITY- ST- ZIP 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 7867 N. Kendall Drive suite 130
STREET ADDRESS Miami, Fl. 33156
CITY- ST- ZIP ☒ Change ☐ Addition

TITLE
NAME 7867 N. Kendall Drive suite 130
STREET ADDRESS Miami, Fl. 33156
CITY- ST- ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #