

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90089 038 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, SAMUEL M.D.	NAME	
STREET ADDRESS	9299 S.W. 152ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, ELLIOT M.D.	NAME	
STREET ADDRESS	9299 S.W. 152ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, THEODORE M.D.	NAME	
STREET ADDRESS	9299 S.W. 152ND STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 *305 2553090*
/Date Daytime Phone #

CR2E034 (10/02)