

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H20002 (2)
1. Corporation Name
NEMEROFSKY ORTHOPAEDICS, P.A.

Principal Place of Business Mailing Address
6901 W BROWARD BLVD.
STE. 203
PLANTATION FL 33317
US
6901 W. BROWARD BLVD.
STE. 203
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/07/1984 3a. Date of Last Report 04/14/1994
4. FBI Number 59-2443549 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

NEMEROFSKY, STEPHEN L., M.D.
6901 W. BROWARD BLVD.
STE. 203
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DP
NEMEROFSKY, STEPHEN LMD
6901 W. BROWARD BLVD., STE. 203
PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I, the undersigned, being the authorized signatory with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I have read and understand the provisions of this annual report of supplemental annual report as true and accurate and that my corporation shall have the same legal effect as if made under oath and that I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes, and that my name is printed in the block for signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Nemerofsky

2/24/95

305 321-8800