

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H20002

(2)

1. Corporation Name

NEMEROFSKY ORTHOPAEDICS, P.A.

Principal Place of Business

6901 W BROWARD BLVD.
STE. 203
PLANTATION FL 33317
US

Mailing Address

6901 W. BROWARD BLVD.
STE. 203
PLANTATION FL 33317-2912
US



2. Principal Place of Business

21 201 NW 82nd Ave

Suite, Apt. #, etc.

22 205

City & State

23 Plantation, FL

24 Zip 33324

Country USA

2a. Mailing Address

26 201 NW 82nd Ave

Suite, Apt. #, etc.

27 205

City & State

28 Plantation, FL

29 Zip 33322

Country USA

3. Date Incorporated or Qualified

09/07/1984

3a. Date of Last Report

03/12/1996

4. FEI 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. 199.032,
Florida Statutes

Yes No

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 NEMEROFSKY, STEPHEN L. M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
201 NW 82nd Ave
83 #205
84 City PLANTATION FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0507 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	NEMEROFSKY, STEPHEN LMD	
STREET ADDRESS	6901 W. BROWARD BLVD., STE. 203	
CITY-ST-ZIP	PLANTATION FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NEWEMERFSKY, STEPHEN L. M.D.	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS	201 NW 82nd Ave, Suite # 205		
1.4 CITY-ST-ZIP	PLANTATION, FL 33324		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0276904

CR2E034 (9/96)