

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90125 049 ***150.00

DOCUMENT # H20002

1. Entity Name

NEMEROFSKY ORTHOPAEDICS, P.A.



Principal Place of Business

201 NW 82ND AVE

205

PLANTATION FL 33324

US

Mailing Address

P O BOX 17620

PLANTATION FL 33318

US



2. Principal Place of Business

6121 BANYAN TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33317

Country

USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2443549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEMEROFSKY, STEPHEN L, M.D.

6121 BANYAN TERRACE

PLANTATION FL 33317

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 reinstating)

DATE

FILE NOW!!!! FEE IS \$100.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEMEROFSKY, STEPHEN L.M.D 6121 BANYAN TERRACE PLANTATION FL 33317 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

Daytime Phone #

CR2E034 (10/02)