ILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BROWARD ORTHOPEDIC ASSOCIATES, INC.

DOCUMENT # J82900 (8)

Mailing Address
300 SE 17TH STREET
FORT LAUDERDALE FL 33316

Principal Place of Business
300 SE 17TH STREET
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business 26	3. Date Incorporated or Qualified: 07/16/1987	3a. Date of Last Report: ~~05/01/1993~~ 5/1/94
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 65-0003074	Applied For ☐ Not Applicable ☐
City & State	City & State 28	5. Certificate of Status Desired: $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 25	Zip / Country 29 30	7. Nonprofit Exempt from $130.75 Supplemental Fee ☐	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STADELMAN, H. JAMES
2190 SOUTHEAST 17TH STREET
SUITE 225
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Acceptance Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1.1 TITLE	
2 NAME	LWIN, SEIN	1.2 NAME	400001484514
3 STREET ADDRESS	300 SE 17 ST.	1.3 STREET ADDRESS	-05/12/95--01008--006
4 CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	****200.00 ****200.00
1 TITLE	V	2.1 TITLE	
2 NAME	SMITH, LEROY A.	2.2 NAME	
3 STREET ADDRESS	1777 S. ANDREWS AVE.	2.3 STREET ADDRESS	
4 CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
1 TITLE	S	3.1 TITLE	
2 NAME	KAPILA, DEEPAK	3.2 NAME	
3 STREET ADDRESS	1300 N.W. 96TH AVENUE	3.3 STREET ADDRESS	
4 CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
1 TITLE	T	4.1 TITLE	
2 NAME	GOLDSTEIN, RICHARD D	4.2 NAME	
3 STREET ADDRESS	1301 S. ANDREWS AVE.	4.3 STREET ADDRESS	
4 CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
1 TITLE	T	5.1 TITLE	
2 NAME	ATRAHAMAS, MICHAEL	5.2 NAME	
3 STREET ADDRESS	300 SE 17TH STREET	5.3 STREET ADDRESS	
4 CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
1 TITLE		6.1 TITLE	
2 NAME		6.2 NAME	
3 STREET ADDRESS		6.3 STREET ADDRESS	
4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/29/95 305-525-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR (Date) (Daytime Phone #)
SEIN LWIN, MD. 5/1/95