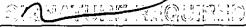
2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # K83779** 1. Entity Name ORTHOPAEDIC MANAGEMENT SERVICES. INC. 02-01-2000 90055 010 ***150.00 Principal Place of Business Mailing Address PO ROX 16270 % JAY L. KNIGHT **PLANTATION FL 33318-6270** 301 NW 84TH AVE PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0127978 Not Applica a Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6.=Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNIGHT, JAY L. Street Address (P.O. Box Number is Not Acceptable) **301 NW 84TH AVE** PLANTATION FL 33324 Zip Code Fl 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition Delete TITLE TITLE MAY, MARTIN M. NAME STREET ADDRESS 301 NW 84TH AVE STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE LAZAR, ALAN M. NAME STREET ADDRESS **301 NW 84TH AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ---☐ Change ☐ Addition Delete TITLE HALE. MARTIN E. NAME NAME STREET ADDRESS 301 NW 84TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANTATION FL Change ☐ Additior ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #