

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91455 001 ***150.00

DOCUMENT # K83779

1. Entity Name
ORTHOPAEDIC MANAGEMENT SERVICES, INC.



Principal Place of Business
**% JAY L. KNIGHT
301 NW 84TH AVE
PLANTATION FL 33324**

Mailing Address
**PO BOX 16270
PLANTATION FL 33318
US**



2. Principal Place of Business
90 ALAN M LAZAR
Suite, Apt. #, etc.
301 NW 84TH AVE
City & State
PLANTATION, FL
Zip
33324 Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0127978

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KNIGHT, JAY L.
301 NW 84TH AVE
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
ALAN M. LAZAR
Street Address (P.O. Box Number is Not Acceptable)
301 NW 84TH AVE SUITE 204
City
PLANTATION FL Zip Code
33324

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 \$150.00
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	D <input type="checkbox"/> Delete LAZAR, ALAN M. 301 NW 84TH AVE PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALE, MARTIN E. 301 NW 84TH AVE PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KNIGHT, JAY L. 301 NW 84TH AVE PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

CR2E034 (10/02)