

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90004 018 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000014731**

1. Entity Name

**ORTHOPAEDIC FELLOWSHIP GROUP, LLC**



Principal Place of Business

Mailing Address

~~3399 N.W. 72 AVENUE, SUITE 101~~

3399 N.W. 72 AVENUE, SUITE 101

~~MIAMI FL 33122~~

MIAMI FL 33122

**1150 CAMPO SAND #200**  
**MIAMI, FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **42-1538836**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, PAUL M**  
**3399 N.W. 72 AVENUE, SUITE 101**  
**MIAMI FL 33122**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete  
NAME **JOHN URIBE, M.D.**  
STREET ADDRESS **3399 NW 72 AVE**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **VICE-PRESIDENT** ☐ Delete  
NAME **JOHN ZVIJAC, M.D.**  
STREET ADDRESS **3399 NW 72 AVE**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **SECRETARY** ☐ Delete  
NAME **PAUL M ZIMMERMAN, M.D.**  
STREET ADDRESS **3399 NW 72 AVE**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

44004572

☒ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)