ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 16 PM 4: 33		
\$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					se the Half to SIAct.		
Name and Mailing Address of Limited Liability Company  DOCUMENT # L98000001046					TALLAHASSEE, FLORIDA		
ORTHOPAEDIC CARE SPECIALISTS, P.L. 733 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408					1a. Principal Place of Business Address 733 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408		
2 Principal Place of Business 2a.			lailing Address		3. Date Organized	d or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.		07/13/1	998	FL
City & State		City & Si	City & State		4. FEI Number 65 08	8236	Applied For Not Applicable
Zip Country		Zip Country		lry	5. Date of Last Re		6. Certificate of Status Desired \$8.75 Additional Fee Required
	7. Name and Address of Curre	nt Registered	Agent	8.	Name and Address	of New Regis	tered Agent/Office
s registe s registe	ant to the provisions of Sections 608.41 red office or registered agent, or both, in larged agent, and accept the obligations.	the State of Flo	orida. Such change was i	authorized by affirma	ative vote of a majority		
0. Titie	Title Managing Members/Managers		Business Street Address			City, State and Zip Code	
MGR	WEINER, RICHARD		109 SCHOONER LANE		Į.	JUPITER FL	
	SASLOW, STEVEN F	ł.	8412 EGRET MEADOW WAS 6901 G9FL WAY		LANE	PAIM BEACH FL  PAIM BEACH GARDENS  W. Palm Beach, FL  33407	
MGR MGR	SCHNEIDER, ANDRE	CW I	135 OLD 1 6901 691	<del>EADON WA</del>	<del>Y ·</del>	<del>PAIM I</del> W. Pa	Im Beach, FL