

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001046**

1. Entity Name
ORTHOPAEDIC CARE SPECIALISTS, P.L.

FILED

00 JAN 18 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
733 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

Mailing Address
733 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408-4508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0882367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIRKIN, MARK H 1700 PALM BEACH LAKES BOULEVARD, #580 WEST PALM BEACH FL 33401		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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINER, RICHARD L			NAME			
STREET ADDRESS	109 SCHOONER LANE			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SASLOW, STEVEN R			NAME			
STREET ADDRESS	8412 EGRET MEADOW LANE			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33412			CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDER, ANDREW I			NAME			
STREET ADDRESS	6901 69TH WAY			STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL 33407			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: 1/14/00 Daytime Phone #: (561)840-1090