

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001046

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

FILED
01 FEB -1 PM 5:00
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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0882367**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

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

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-02/16/01--01142--012
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

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 NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 1/29/01 Daytime Phone #

CR2E083 (1/1/00)