

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M51769**

1. Entity Name  
**WITTELS ORTHOPAEDIC & SPORTS MEDICINE  
CENTER, P.A.**



Principal Place of Business  
**1085 KANE CONCOURSE  
BAY HARBOR, FL 33154 US**

Mailing Address  
**1085 KANE CONCOURSE  
BAY HARBOR, FL 33154 US**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2799024**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**9. Name and Address of Current Registered Agent**

**MARCUS, ALAN J.  
20803 BISCAYNE BLVD  
301  
N MIAMI BCH, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WITTELS, MICHAEL B. M.D
STREET ADDRESS	1085 KANE CONCOURSE
CITY-STATE-ZIP	BAY HARBOR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000763731  
05/30/07-80028-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-07