

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096141

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: BROWARD ORTHOPEDIC SPECIALISTS, INC.

## Current Principal Place of Business:

4875 N FEDERAL HIGHWAY  
800  
FT LAUDERDALE, FL 33308

## New Principal Place of Business:

5301 N. DIXIE HIGHWAY  
203  
FT LAUDERDALE, FL 33334

## Current Mailing Address:

4875 N FEDERAL HIGHWAY  
800  
FT LAUDERDALE, FL 33308

## New Mailing Address:

5301 N. DIXIE HIGHWAY  
203  
FT LAUDERDALE, FL 33334

FEI Number: 65-1047791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REILLY, MICHAEL T  
41 COMPASS ISLAND  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REILLY, MICHAEL T  
Address: 41 COMPASS ISLAND  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. REILLY

MD

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date