

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079887

FILED  
Jul 16, 2004  
Secretary of State

**Entity Name:** ORTHOPEDIC SPORTS & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

5856 S FLAMINGO RD  
FORT LAUDERDALE, FL 33330

**New Principal Place of Business:**

5856 S FLAMINGO RD  
COOPER CITY, FL 33330

**Current Mailing Address:**

5856 S FLAMINGO RD  
FORT LAUDERDALE, FL 33330

**New Mailing Address:**

5856 S FLAMINGO RD  
COOPER CITY, FL 33330

**FEI Number:** 33-1015539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SICILIANO, CHRISTINA  
5856 S FLAMINGO RD  
FORT LAUDERDALE, FL 33330

**Name and Address of New Registered Agent:**

SICILIANO, CHRISTINA  
5856 S FLAMINGO RD  
COOPER CITY, FL 33330

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

07/16/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SICILIANO, CHRISTINA  
Address: 5856 S FLAMINGO DR  
City-St-Zip: FORT LAUDERDALE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SICILIANO, CHRISTINA  
Address: 5856 S FLAMINGO RD  
City-St-Zip: COOPER CITY, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINA SICILIANO

D

07/16/2004

Electronic Signature of Signing Officer or Director

Date