

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90108 049 ***150.00

DOCUMENT # P02000133917

1. Entity Name

COMMUNITY ORTHOPEDICS MANAGEMENT INC



Principal Place of Business

7421 N. UNIVERSITY DRIVE
SUITE 107
TAMARAC FL 33321

Mailing Address

7421 N. UNIVERSITY DRIVE
SUITE 107
TAMARAC FL 33321



2. Principal Place of Business - No P.O. Box #

7225 N. University Dr

3. Mailing Address

7225 N. University Dr.

Suite, Apt. #, etc.

STE 201

Suite, Apt. #, etc.

Suite 201

City & State

TAMARAC Fla

City & State

TAMARAC Fla

Zip

33321

Country

Broward

Zip

33321

Country

Broward

1st MOORE

CR2E034 (10/06)

4. FEI Number

82-0578329

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTH, JACQUELINE J
7421 N. UNIVERSITY DRIVE
SUITE 107
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name
JACQUELINE J. Porth
Street Address (P.O. Box Number is Not Acceptable)
7225 N. University Drive
STE 201
City TAMARAC FL Zip Code 33321

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 re-registering)

DATE

1/25/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PORTH, MANUEL M.D. ☐ Delete
STREET ADDRESS 7421 N. UNIVERSITY DRIVE, SUITE 107
CITY- ST- ZIP TAMARAC FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Porth Manuel M.D.
STREET ADDRESS 7225 N. University Drive
CITY- ST- ZIP STE 201 TAMARAC Fla 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/07

954-724-9688