

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000034320 (0)**

1. Corporation Name

**BROWARD ORTHOPAEDIC SPECIALISTS, INC.**

Principal Place of Business

**4875 N. FEDERAL HIGHWAY  
SUITE 800  
FT. LAUDERDALE FL 33308**

Mailing Address

**4875 N. FEDERAL HIGHWAY  
SUITE 800  
FT. LAUDERDALE FL 33308-4810**



<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>05/10/1993</b>	<b>3a. Date of Last Report</b> <b>02/13/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>65-0411441</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>REILLY, MICHAEL T MD 4875 N FEDERAL HWY SUITE 800 FT. LAUDERDALE FL 33308</b>				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	
				<b>FL</b> <b>85</b> Zip Code	
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>P</b>	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, M.D., MICHAEL T</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>4875 N. FEDERAL HWY STE 800</b>	<b>1.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	<b>1.4</b> CITY - ST - ZIP	
TITLE	<b>S/T</b>	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUMBERG, M.D., KALMAN D</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>4875 N. FEDERAL HWY STE 800</b>	<b>2.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	<b>2.4</b> CITY - ST - ZIP	
TITLE		<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>3.2</b> NAME	
STREET ADDRESS		<b>3.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>3.4</b> CITY - ST - ZIP	
TITLE		<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>4.2</b> NAME	
STREET ADDRESS		<b>4.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>4.4</b> CITY - ST - ZIP	
TITLE		<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>5.4</b> CITY - ST - ZIP	
TITLE		<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>6.4</b> CITY - ST - ZIP	

**14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0283106

CR2E034 (9/96)