

2008 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000055526

1. Entity Name
SCOLIOSIS AND PEDIATRIC ORTHOPAEDIC CENTER,
P.A.



Principal Place of Business
4101 S. HOSPITAL DRIVE
#5
PLANTATION, FL 33317 US

Mailing Address
4101 S. HOSPITAL DRIVE
#5
PLANTATION, FL 33317 US



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0430373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANO, PETER J. II, M.D.
4101 S. HOSPITAL DRIVE
#5
PLANTATION, FL 33317

**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, 2008 Fee will be \$550.00

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

0000000035863
02/29/08-80050-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROMANO, PETER J II
STREET ADDRESS	4101 S. HOSPITAL DRIVE, #5
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/20/08 954-321-7762