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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076344 (9)

1. Corporation Name
BROWARD INSTITUTE OF ORTHOPAEDIC SPECIALTIES, P.
A.



Principal Place of Business

4440 SHERIDAN STREET
SUITE B
HOLLYWOOD FL 33021

Mailing Address

4440 SHERIDAN STREET
SUITE B
HOLLYWOOD FL 33021-3514

3. Date Incorporated or Qualified

11/04/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0448282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00

May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KRANT, DAVID A MD
4440 SHERIDAN STREET
SUITE B
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME CRASTNOPOL, JEFFREY A. M
STREET ADDRESS 440 SHERIDAN ST.
CITY- ST- ZIP HOLLYWOOD FL
☐ DELETE

TITLE S
NAME HOFFELD, THOMAS A. M
STREET ADDRESS 3475 SHERIDAN ST
CITY- ST- ZIP HOLLYWOOD FL
☐ DELETE

TITLE T
NAME SCHWARTZ, GARY B. M
STREET ADDRESS 4310 SHERIDAN ST
CITY- ST- ZIP HOLLYWOOD FL
☐ DELETE

TITLE AS
NAME GREENBARG, PHILLIP E. M
STREET ADDRESS 475 SHERIDAN ST
CITY- ST- ZIP HOLLYWOOD FL
☐ DELETE

TITLE AT
NAME WORTH, JEFFREY B. M
STREET ADDRESS 4440 SHERIDAN ST
CITY- ST- ZIP HOLLYWOOD FL
☐ DELETE

TITLE VP
NAME HAMMERMAN, MARC Z. M
STREET ADDRESS 4310 SHERIDAN ST
CITY- ST- ZIP HOLLYWOOD FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIR
1.2 NAME STAUBER, MARSHALL A. MD
1.3 STREET ADDRESS 4310 SHERIDAN ST.
1.4 CITY- ST- ZIP HOLLYWOOD, FL 33021
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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

CR2E034 (9/96)