

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90001 024 ***550.00

DOCUMENT # P93000076344					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0448282	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRASTNOPOL, JEFFREY A MD 4440 SHERIDAN STREET SUITE B HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME STAUBER, MARSHALL E M.D.	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4310 SHERIDAN ST	HOLLYWOOD, FL 33021		STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE VP	NAME HOFFELD, THOMAS A. M	<input checked="" type="checkbox"/> Delete	TITLE Assistant Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3475 SHERIDAN ST	HOLLYWOOD, FL		STREET ADDRESS 4440 SHERIDAN ST	HOLLYWOOD, FL 33021	
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE AS	NAME SCHWARTZ, GARY B. M	<input type="checkbox"/> Delete	TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3475 SHERIDAN STREET	HOLLYWOOD, FL 33021		STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE S	NAME GREENBARG, PHILLIP E. M	<input type="checkbox"/> Delete	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3475 SHERIDAN STREET	HOLLYWOOD, FL 33021		STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE T	NAME WORTH, JEFFREY B. M	<input type="checkbox"/> Delete	TITLE Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4440 SHERIDAN ST	HOLLYWOOD, FL		STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE P	NAME HAMMERMAN, MARC Z. M	<input type="checkbox"/> Delete	TITLE Treasure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4310 SHERIDAN ST	HOLLYWOOD, FL		STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
12. I 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 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 #					