

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/16

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90136 005 \*\*\*150.00

**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

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0448282**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name

**CRASTNOROL, JEFFREY A MD**

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

**4440 SHERIDAN STREET, SUITE B**

City **HOLLYWOOD**

**FL**

Zip Code **33021**

**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

2/11/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VP** ☐ Delete  
**NAME** **STAUBER, MARSHALL E M.D.**  
**STREET ADDRESS** **4310 SHERIDAN ST**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33021**

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

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

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **SCHWARTZ, GARY B. M**  
**STREET ADDRESS** **3475 SHERIDAN STREET**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33021**

**TITLE** **AS** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AS** ☐ Delete  
**NAME** **GREENBARG, PHILLIP E. M**  
**STREET ADDRESS** **3475 SHERIDAN STREET**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33021**

**TITLE** **S** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **T** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **P** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey A. Crastnopol

1/13/03

(954) 962-3508

CR2E034 (10/02)