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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000079631

1. Corporation Name

ORTHOPAEDIC CENTER OF SOUTH FLORIDA, P.A.

1									
Principal Place	e of Business	Mailing Address				1 (#31(43) (10 (016) (11() 001)) 001() 001() 001()		16 11181 1181 1881	
600 SOUTH PINE ISLAND ROAD 600 SOUTH PINE ISLAND ROA				D					
SUITE 300	SUITE 300				DO NOT WEITE IN T	JIC SDACE			
PLANTATION FL 33324 PLANTATION FL 33324 US US			24			3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE		
03						11/12/1993			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		pplied For	
21		26				65-0452574		ot Applicable	
- Suite, Apt	#, etc	Suite, Apt. #, etc	S					Additional	
22		27						equirea	
City & State	e	City & State				6. Election Campaign Financing  Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip		Country		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Register	ed Agent		
	ARA ATERIEN I			81	Name				
	OBS, STEPHEN J		8			Address (P.O. Box Number is Not Acceptable)			
	S SUNRISE KEY BLVD			-					
FIL	AUDERDALE FL 33304			83					
				84	City		-L 85 Zip	Code	
<b></b>		007 4500 Clasida	Chabutan	the show		corporation submits this statement for the purpose		s registered	
i office or r	egistered agent or both in the State	of Florida. Such change:	was autho	orized by	the corpo	oration's board of directors. I hereby accept the ap	pointment as r	egistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.050	5, Florida	Statutes					
SIGNATURE						provinced when resultating) DATE			
	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: Reg	jisterea Agel	n signature n	equired when reinstating) DATE	·		
40	OCCIOEDS AN	ID DIRECTORS		13		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
12.		DIRECTORS	TF	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	D	DIRECTORS DELE	TE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME	D ROLNICK, AUDIE M M.D.	DELE	TE	1.1 TITLE 1.2 NAME	T ADODESS		Change	☐ Addition	
TITLE NAME STREET ADDRESS	D ROLNICK, AUDIE M M.D. <del>350 NORTH PINE ISLAND RO</del> .	DELE	TE	1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	600 SOUTH PONT ISLAND PE	Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLNICK, AUDIE M M.D. 350-NORTH-PINE-ISLAND RO. PLANTATION FL-33324	DELE		1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS T-ZIP	600 SOUTH PONT ISLAND PE	Change	□ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D ROLNICK, AUDIE M M.D. 350 NORTH-PINE-ISLAND RO. PLANTATION FL-33324~	☐ DELE  AD; SUITE 100 ☐ DELE		1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	T-ZIP	600 SOUTH PINE I SLAND PO PRANTATION, FLORIDA 3335 BEALTONITZ BANGE M.D.	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ROLNICK, AUDIE M M.D. 350 NORTH PINE ISLAND RO. PLANTATION FL 33324	□ DELE  AD; SUITE 100 □ DELE  □ M · Ø.	TE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP	600 SOUTH PINE I SLAND PO PRANTATION, FLORIDA 3335 BEALTONITZ BANGE M.D.	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ROLNICK, AUDIE M M.D. 350 NORTH-PINE ISLAND RO. PLANTATION FL 33324.  PEAKOW IT & BRUCE GOO SOUTH PINE ISLA	AD; SUITE 100 DELE  M.O.  ADS ROAD SUITE	TE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T-ZIP TADORESS	600 SOUTH PINE ISLAND PE PLANTATION, FLORIDA 3335 BENKOWITZ BRUCE M.D. 600 SOUTH PINE ISLAND NO	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	D ROLNICK, AUDIE M M.D.  950 NORTH-PINE-ISLAND RO. PLANTATION FL-33324-  P BENKOW IT & BRUCE GOO SOUTH PINE ISC RAMATION FLORIOR	DELE  AD; SUITE 100  DELE  M. O.  ADORN SUITE  DELE  DELE	TE  TE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE	T-ZIP  I ADORESS ST-ZIP  T ADORESS ST-ZIP  I ADORESS T-ZIP  I ADORESS T-ZIP	600 SOUTH PINE ISLAND PO PLANTATION, FLORIDA 2735 BENKOWITZ BRUCE M.D. 600 SOUTH PINE ISLAND NO PLANTATION, HONIDA 37324 D. S. MON, NICHARD M.D. 600 SOUTH PINE ISLAND M. PLANTATION, FLORIDA 33324	Change Change Change Change	Addition  Addition  Addition  Addition	
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to qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in the same like empowered. 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report of officer or director of the corporation or the receiver or trusted en Block 12 or Block 13 if changed, or on an attachment with an entire trust.

6.4 CITY-\$T-ZIP

GNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR