2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 09, 2001 8:00 am
Secretary of State
02-01-2001 90174 049 ***150.00

DOCUMENT # P93000079631

1. Entity Name
ORTHOPAEDIC CENTER OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
600 SOUTH PINE ISLAND ROAD SUITE 300 PLANTATION FL 33324 US	600 SOUTH PINE ISLAND ROAD SUITE 300 PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 S. Pine Island Rd.	
Suite, Apt. #, etc. Ste 300	Suite, Apt. #, etc. Same
City & State Plantation FL	City & State
Zip 33324	Country Broward
Zip	Country

4. FEI Number 65-0452574 ☐ 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
JACOBS, STEPHEN J 2216 SUNRISE KEY BLVD FT LAUDERDALE FL 33304	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.

SIGNATURE _____ DATE 1/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLNICK, AUDIE M M.D. 600 S. PINE ISLAND RD., SUITE 300 PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephen Jacobs, MD 600 S. Pine Island Rd, Ste. 300 Plantation FL 33324	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERKOWITZ, BRUCE M.D. 600 S. PINE ISLAND RD., SUITE 300 PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brad Chayet, MD 600 S. Pine Island Rd. Ste 300 Plantation FL 33324	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, RICHARD M.D. 600 S. PINE ISLAND RD., STE. 300 PLANTATION FL ~~33342~~ 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kenneth Jardem, MD 600 S. Pine Island Rd. Ste. 300 Plantation FL 33324	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Phillip Cummings, MD 600 S. Pine Island Rd. Ste 300 Plantation, FL 33324	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/28/01 954-473-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #