

# 2002 UNIFORM BUSINESS REPORT (UBR)

0034583 AV

DOCUMENT # **P93000079631**

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

**FILED**

**02 FEB 27 AM 9:46**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0452574**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROLNICK, AUDIE M M.D.</b>	
STREET ADDRESS	<b>600 S. PINE ISLAND RD., SUITE 300</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERKOWITZ, BRUCE M.D.</b>	
STREET ADDRESS	<b>600 S. PINE ISLAND RD., SUITE 300</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMON, RICHARD M.D.</b>	
STREET ADDRESS	<b>600 S. PINE ISLAND RD., STE. 300</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33342</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBS, STEPHEN MD</b>	
STREET ADDRESS	<b>600 S PINE ISLAND RD, STE 300</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAYET, BRAD MD</b>	
STREET ADDRESS	<b>600 S PINE ISLAND RD STE 300</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JARDEM, KENNETH MD</b>	
STREET ADDRESS	<b>600 S PINE ISLAND RD STE 300</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/02**

Date

**(954) 4726346**

Daytime Phone #

CR2E034 (9/01)