2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000079631

SIGNATURE;

FILED Jan 19, 2007 8:00 am Secretary of State 01-19-2007 90023 003 ***150.00

ORTHOP	AEDIC CENTER OF SOUTH	HFLORIDA, P.A.								
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		50000608						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Numb			·	oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current R	tegistered Agent			7. Name and	Address of New	Registered	Agent		
JACOBS, STEPHEN J			Name	Name						
2216 SUN	RISE KEY BLVD RDALE, FL 33304		Street A	ddress (l	P.O. Box Numb	er is Not Acceptab	ole)			
	·									
			City		- ::		Fl	Zip Cod	le	
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office o	r register	ed agent, or bo	th, in the State of F	Florida. I am	familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent ar	nd title il applicable (NOTE	Registered Agent signa	ture required	when renstating)		DATE			
							DA12			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaiç Trust Fund Contri		\$5 . Add	.00 May Be ed to Fees			€		
10.	OFFICERS AND D	PIRECTORS	11.		ADDITIONS	L /CHANGES TO OF	FFICERS AN	D DIRECTOR	S IN 11	
TITLE	DR	☐ Delete	TITLE	Dr.	. p. c.			☐ Change	X Addition	
NAMÉ STREET ADDRESS	ROLNICK, AUDIE M M.D. 600 S. PINE ISLAND RD., SUITE	300	NAME STREET ADDRESS	Phili	بالح 10.50	mmings, e Island	100 H	1200		
CIFY-ST-ZIP	PLANTATION, FL 33324	500	CITY - ST - ZIP	Plar	s. Pin	FL 333	ລນ ລັບພັ-	,500		
TITLE	DR	☐ Delete	TITLE	Dr		•		☐ Change	Addition	
NAME CTOTET ADDRESS	BERKOWITZ, BRUCE M.D.	200	NAME CARCEL LABORERS	Rich	ard M.	Linn, MD LISland	ولاساه	- ~	^	
STREET ADDRESS CITY - ST - ZIP	600 S. PINE ISLAND RD., SUITE PLANTATION, FL 33324	300	STREET ADDRESS CITY-ST-ZIP	000	0.5. Hre	JSIang	KaL∓g Gul	30		
TITLE	DR	Delete	TITLE	Piar	HULLULI	, FL 333	6/T	☐ Change	Addition	
NAME	SIMON, RICHARD M.D.		NAME					C ottengo	L.J. Addition	
STREET ADDRESS CITY-ST-ZIP	600 S. PINE ISLAND RD., STE. 30 PLANTATION, FL 33342	00	STREET ADDRESS CHY+S1-ZIP							
TITLE	DR	□ Doleto	TITLE		******			Change	C Addition	
NAME	JACOBS, STEPHEN MD	Li Delete	NAME					☐ Change	Addition	
STREET ADDRESS	600 S PINE ISLAND RD, STE 300	1	STREET ADDRESS							
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	ļ			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME	DR CHAYET, BRAD MD	☐ Delete	TOTLE NAME					Change	☐ Addition	
STREET ADDRESS	600 S PINE ISLAND AD STE 300		STREET ADDRESS							
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP							
TITLE	DR	☐ Delete	TITLE			· · ·	·	☐ Change	Addition	
NAME STREET ADDRESS	JAROLEM, KENNETH ND 600 S PINE ISLAND RD STE 300		NAME STREET ADDRESS							
CITY-ST-ZIP	PLANTATION, FL 33324	1	CITY-ST-ZIP							
12. I hereby of indicated of the corchanged.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trusted empor or on an attachment with an address, w	his filing does not qualify for true and accurate and that m wered to execute this report a ith all other like empowered.	the exemptions of the signature shall lead to the signature shall lead to the signature of	contained have the s apter 607	d in Chapter 11: same legal effe 7, Florida Statute	9, Florida Statutes ct as if made unde es; and that my na	. I further ce er oath; that I ime appears	rtify that the i am an officer in Block 10 o	nformation or director r Block 11 if	

954.473.6344

Jacobs MD 01/15/07