2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# P93000079631

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

Current Principal Place of Business:

600 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

600 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0452574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, STEPHEN J
2216 SUNRISE KEY BLVD
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: ROLNICK, AUDIE M M.D.
Address: 600 S. PINE ISLAND RD., SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR ( ) Delete
Name: BERKOWITZ, BRUCE M.D.
Address: 600 S. PINE ISLAND RD., SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR ( ) Delete
Name: SIMON, RICHARD M.D.
Address: 600 S. PINE ISLAND RD., STE. 300
City-St-Zip: PLANTATION, FL 33342

Title: DR ( ) Delete
Name: JACOBS, STEPHEN MD
Address: 600 S PINE ISLAND RD, STE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR ( ) Delete
Name: CHAYET, BRAD MD
Address: 600 S PINE ISLAND RD STE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR ( ) Delete
Name: JAROLEM, KENNETH MD
Address: 600 S PINE ISLAND RD STE 300
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SIMON, RICHARD J M.D.
Address: 600 S. PINE ISLAND RD., SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR (X) Change ( ) Addition
Name: BERKOWITZ, BRUCE M M.D.
Address: 600 S. PINE ISLAND RD., SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: DR (X) Change ( ) Addition
Name: ROLNICK, AUDIE M M.D.
Address: 600 S. PINE ISLAND RD., STE. 300
City-St-Zip: PLANTATION, FL 33342

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J. JACOBS, MD PRES 01/11/2008
Electronic Signature of Signing Officer or Director Date