

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079631

FILED
Jun 29, 2009
Secretary of State

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:

ZISKIND & ARVIN, P.A.
3059 GRAND AVENUE
SUITE 300
MIAMI, FL 33133 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: DR () Delete
Name: ROLNICK, AUDIE M 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

DR

06/29/2009

Electronic Signature of Signing Officer or Director

Date

FROM

(TUE) 6. 30' 09 13:16/ST. 13:16/NO. 4860423706 P 1

P9300007963
6-29-09

ORTHOPAEDIC CENTER OF SOUTH FLORIDA

DATE: 06/30/09

Send to: Department of State

Attention: Sean Toner

Fax Number: 850-245-6017

Phone Number:

From: Melissa McCune

Phone Number: 954-473-6344 ext. 3044

Fax Number: 954-476-9077

Number of Pages, Including Cover: 1

☐ URGENT ☐ REPLY ASAP ☐ PLEASE COMMENT ☒ **PLEASE REVIEW** ☐ FOR YOUR INFORMATION

COMMENTS: DOCUMENT #P93000079631

I am requesting that the following doctors are added as officers to our corporation annual report document #P93000079631
Document number 900157924519.

The entity name is: Orthopaedic Center of South Florida, P.A.

Phillip B. Cummings, M.D.
Partner
600 South Pine Island Road, Suite 300
Plantation, Florida 33324
954-473-6344

Richard M. Linn, M.D.
Partner
600 South Pine Island Road, Suite 300
Plantation, FL 33324
954-473-6344

With the addition of these two partners I should have 8 physicians listed as officer and directors.

Please feel free to contact me at 954-473-6344 ext. 3064 with any questions that you may have.

Thanks for your help.

Melissa McCune
Administrative Assistant