

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079631

FILED  
Apr 16, 2010  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN J JACOBS, MD

MPRT

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date