

P94000014504

Requester's Name

CORAL SPRINGS ORTHOPEDICS

Jeffrey T. Haimes, M.D., F.A.A.O.S.

1710 UNIVERSITY DRIVE

CORAL SPRINGS, FLORIDA 33071

City/State/Zip

Phone #

800004913948--0

-02/13/02--01027--004

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 13 AM 8:59

RA/RO change  
Examiner's Initials *100*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of Florida  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : Coral Springs Adult & Pediatric Orthopedics Inc.

2. The mailing address of the corporation : 1710 University Dr., Suite 101  
Coral Springs, FL 33071

3. Date of incorporation/qualification: 2/22/94 Document number: P94000014504

4. The name and address of the current registered agent and office:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Jeffrey T. Haimes, M.D.  
1710 University Dr.  
Coral Springs, FL 33071

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Jeffrey T. Haimes  
(Signature of an officer, chairman or vice chairman of the board)

2/1/02  
(Date)

Jeffrey T. Haimes, M.D. President/CEO  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Jeffrey T. Haimes  
(Signature of Registered Agent)

2/1/02  
(Date)

If signing on behalf of an entity:

Jeffrey T. Haimes, M.D.  
(Typed or Printed Name)

President/CEO  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

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