

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000069536

1. Entity Name  
ORTHOPAEDIC & PODIATRIC CONSULTANTS OF  
FLORIDA, INC.



Principal Place of Business

1600 TOWN CENTER BOULEVARD  
SUITE C  
FT. LAUDERDALE, FL 33326-3641

Mailing Address

1600 TOWN CENTER BOULEVARD  
SUITE C  
FT. LAUDERDALE, FL 33326-3641



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0664216

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESIMONE, ALFRED A  
1600 TOWN CENTER BOULEVARD  
SUITE C  
FT. LAUDERDALE, FL 33326-3641

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
DESIMONE, ALFRED A  
1600 TOWN CENTER BOULEVARD  
FT. LAUDERDALE, FL 333263641

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SHEINBERG, ROBERT  
1600 TOWN CENTER BOULEVARD  
FT. LAUDERDALE, FL 333263641

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/05 954 389 7825