# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 16, 2001 8:00 am**
**Secretary of State**
05-16-2001 90002 042 ***150.00

0328666

DOCUMENT # P95000088967

1. Entity Name

ORTHOPAEDIC SURGERY ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1401 NW 9TH AVE<br>BOCA RATON FL 33486<br>US | 1401 NW 9TH AVE<br>BOCA RATON FL 33486<br>US |

549259

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0640914 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAVENDER, JOEL R ESQ.
507 SE 11TH COURT
FT. LAUDERDALE FL 33316

**7. Name and Address of New Registered Agent**

Name ROBERT E. CORNELL

Street Address (P.O. Box Number is Not Acceptable)

1401 NW 9th AVENUE

City BOCA RATON FL Zip Code 33486

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.

SIGNATURE ROBERT E. CORNELL, Controller Robert E. Cornell 03/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>VAN HOUTEN, JOHN A MD<br>1401 NW 9TH AVE<br>BOCA RATON FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>BRANDON LUSKIN, MD<br>1401 NW 9th Avenue<br>BOCA RATON, FL 33486 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>VAN HOUTEN, JOHN A MD<br>1401 NW 9TH AVE<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>ROBERT B. ZANN, MD<br>1401 NW 9th AVE<br>Boca Raton, FL 33486 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>EIDELSON, STEWART G M.D.<br>1401 NW 9TH AVE<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>ERIC SHAPIRO<br>1401 NW 9th AVE<br>BOCA RATON, FL 33486 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SHAPIRO, ERIC T M.D.<br>1401 NW 9TH AVE<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>EDGAR HANDAL<br>1401 NW 9th AVE<br>Boca Raton, FL 33486 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ZANN, ROBERT B., M.D.<br>1401 NW 9TH AVE<br>BOCA RATON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>JOHN VAN HOUTEN<br>1401 NW 9th AVE<br>BOCA RATON, FL 33486 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] MD 4/30/01 561 395 5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[illegible] President