

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90040 042 \*\*\*150.00

0378651 AV

**DOCUMENT # P96000035276**

1. Entity Name

**BOCA ORTHOPEDIC MANAGEMENT, INC.**

Principal Place of Business

**22191 POWERLINE ROAD  
BOCA RATON FL 33433**

Mailing Address

**22191 POWERLINE ROAD  
BOCA RATON FL 33433**

004408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0671650**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BOGDANOFF, RICHARD M  
7280 W. PALMETTO PARK ROAD #106  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signed and 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, 2002 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

| TITLE | NAME                        | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------------|----------------|-------------|---------------------------------|
|       | <b>PSD</b>                  |                |             |                                 |
|       | <b>MARKS, JEFFREY</b>       |                |             |                                 |
|       | <b>2499 GLADES RD., 101</b> |                |             |                                 |
|       | <b>BOCA RATON FL 33431</b>  |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |

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:

**JEFFREY MARKS, PRES.**

Date

Daytime Phone #

**561 416 9801**

CR2E034 (9/01)