

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90091 040 ***150.00

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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
21069 MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address
21069 MILITARY TRAIL
Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33432

City & State
BOCA RATON, FL
Zip
33432

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

7. Name and Address of New Registered Agent

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

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEFFREY MARKS, DIRECTOR** **1-30-03 561 883-5880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)