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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO700004016

1. Corporation BROWAR	ID ORTHOPAEDIC SPECIA							
4875 NORTH FEDERAL HIGHWAY 4875 NORTH FEDERAL HIGH			HWAY					
SUITE 800 SUITE 800					DO NOT WRITE IN THE SPACE			
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
					01/09/1997	illed		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			itied For
21		26			65-0411441		\$8.75 A	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desire	D be	Fee Req	-
City & State		City & State			s Floation Compaign Financing \$5.00 May Re			
23		28			Trust Fund Contribution	/"' ¹⁹	Added to	- 1
Zip	Country	Zip	Country	,	8. This corporation owes the	current year In		□No
24	25	<u> </u>	30		Personal Property Tax. 10. Name and Address of N	law Basistarad		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of N	ew Registered	Agent	
RHJ	MBERG, KALMAN D		<u> </u>					
4875 NORTH FEDERAL HIGHWAY			82	Street Add	dress (P.O. Box Number is Not Ac	ceptable)		
SUITE 800			83		_+++-			
FT LAUDERDALE FL 33308								
			84	City		FL	85 Zip C	ode
office or re agent. 1 ai SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblight Signature, typed or ponted name of registered ag	e of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by ida Statutes	the corpora	rporation submits this statement to tion's board of directors. I hereby a ired when reinstating)	r the purpose of accept the appoi	ntment as reg	egistered istered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	Р	☐ DELETE	1,1 TITLE		•		☐ Change	☐ Addition
NAME	Blumberg, Kalman D MD		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS		_		1
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	REILLY, MICHAEL T MD		2.2 NAME					
STREET ADORESS	4875 N FEDERAL HWY, STE	800	2.3 STREE	TADDRESS	ز.			
CITY-ST-ZIP	FT LAUDERDALE FL 33308	[new care	2 4 CITY-8	ST-ZIP		 	Change	Addition
TITLE	\$	☐ DELETE	3.1 TITLE				□ Change	
NAME	ROUTMAN, ALAN S MD	•••	3.2 NAME					
STREET ADDRESS		800		TADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33308	☐ DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP		-	☐ Change	Addition
TITLE		Coccerc	4.2 NAME					
NAME STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S			•		
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	. •		5.2 NAME					
STREET ADDRESS	•		5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME		,			
STREET ADDRESS			6.3 STREE	T ADDRESS				'

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TO SURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR