

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004016

1. Entity Name  
**BROWARD ORTHOPAEDIC SPECIALISTS, INC.**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90045 024 \*\*\*150.00

Principal Place of Business  
**4875 NORTH FEDERAL HIGHWAY  
SUITE 800  
FT LAUDERDALE FL 33308**

Mailing Address  
**4875 NORTH FEDERAL HIGHWAY  
SUITE 800  
FT LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0411441</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BLUMBERG, KALMAN D</b> <b>4875 NORTH FEDERAL HIGHWAY</b> <b>SUITE 800</b> <b>FT LAUDERDALE FL 33308</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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. ☐ **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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLUMBERG, KALMAN D MD</b>			NAME			
STREET ADDRESS	<b>4875 N FEDERAL HWY STE 800</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REILLY, MICHAEL T MD</b>			NAME	<b>REILLY, MICHAEL T. MD</b>		
STREET ADDRESS	<b>4875 N FEDERAL HWY, STE 800</b>			STREET ADDRESS	<b>4875 N. FEDERAL HWY- STE 800</b>		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>			CITY-ST-ZIP	<b>FT LAUDERDALE, FLORIDA 33308</b>		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del><b>ROUTMAN, ALAN C MD</b></del>			NAME			
STREET ADDRESS	<del><b>4875 N FEDERAL HWY, STE 800</b></del>			STREET ADDRESS			
CITY-ST-ZIP	<del><b>FT LAUDERDALE FL 33308</b></del>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2001 954-771-3334  
Date Daytime Phone #

CR2E034 (10/00)