

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90109 049 ***150.00

DOCUMENT # P97000101263

1. Entity Name

COMMUNITY ORTHOPEDICS & CENTER FOR JOINT
REPLACEMENT, INC.



Principal Place of Business

7421 NORTH UNIVERSITY DRIVE
SUITE 107
TAMARAC FL 33321

Mailing Address

7421 NORTH UNIVERSITY DRIVE
SUITE 107
TAMARAC FL 33321



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7225 N. University Dr. 7225 N. University Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 201 Suite 201

City & State City & State

TAMARAC FL TAMARAC FL

Zip Country Zip Country

33321 Broward 33321 Broward

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0796980

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

PORTH, JACQUELINE J
7421 NORTH UNIVERSITY DR
SUITE 107
TAMARAC FL 33321

Name
Porth Jacqueline J
Street Address (P.O. Box Number is Not Acceptable)
7225 N. University Dr. Ste 201
City TAMARAC FL Zip Code 33321

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D PORTH, MANUEL 7421 NORTH UNIVERSITY DR, STE 107 TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Porth Manuel MD 7225 N University Dr. Ste 201 TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 1/25/07 724-968
Manuel Porth MD
Date Daytime Phone #