

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

(AMENDED)

**FILED**  
03 AUG 22 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |     |                                                                                                                                                                                                                  |                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P98000045630</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |     |                                                                                                                                                                                                                  |                                                                                 |  |
| 1. Entity Name<br><b>ORTHOPAEDIC ASSOCIATES OF SOUTH BROWARD, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |     |                                                                                                                                                                                                                  |                                                                                                                                                                  |  |
| Principal Place of Business<br>1150 NORTH 35TH AVENUE SUITE 390<br>HOLLYWOOD, FL 33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |     | Mailing Address<br>1150 NORTH 35TH AVENUE SUITE 390<br>HOLLYWOOD, FL 33021                                                                                                                                       |                                                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |     | 3. Mailing Address                                                                                                                                                                                               |                                                                                                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |     | Suite, Apt. #, etc.                                                                                                                                                                                              |                                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |     | City & State                                                                                                                                                                                                     |                                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                              | Zip | Country                                                                                                                                                                                                          | 4. FEI Number<br><b>65-0839078</b>                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |     |                                                                                                                                                                                                                  | Applied For<br>Not Applicable                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |     |                                                                                                                                                                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><b>PLOUCHA, L M<br/>1948 TYLER STREET<br/>HOLLYWOOD, FL 33020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |     | 7. Name and Address of New Registered Agent<br>Name <b>DENNIS J. EISINGER</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>4000 Hollywood Blvd., #265-S</b><br>City <b>Hollywood</b> FL <b>33021</b> |                                                                                                                                                                  |  |
| 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.<br>SIGNATURE <u>[Signature]</u> DATE <u>8/20/03</u><br><small>Signature, typed or printed name of registered agent and date of registration. (NOTE: Registered Agent signature required when releasing)</small>                                                                                                                                                                                                     |                                                                                                                      |     |                                                                                                                                                                                                                  |                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                                                    |                                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                            |                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D V S<br>GROSSMAN, WARREN<br>1150 NORTH 35TH AVENUE SUITE 390<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | D<br>STEVEN STEINLAUF<br>1150 North 35th Avenue<br>Suite 390<br>Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D P T<br>STRAIN, RICHARD<br>1150 NORTH 35TH AVENUE SUITE 390<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   |                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   |                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   |                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   |                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   |                                                                                                                                                                  |  |
| 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: <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |     | RICHARD STRAIN, Pres. 6/1/03                                                                                                                                                                                     |                                                                                                                                                                  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      |     | <small>DATE</small>                                                                                                                                                                                              |                                                                                                                                                                  |  |

CR20034 (10/02)

*JK 8/25*