

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90001 005 \*\*\*150.00

**DOCUMENT # P98000058390**

**1. Entity Name**  
**BOCA RATON ORTHOPEDIC GROUP, INC.**

**Principal Place of Business**

**903 MEADOWS ROAD**  
**BOCA RATON FL 33486**

**Mailing Address**

**903 MEADOWS ROAD**  
**BOCA RATON FL 33486**

**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**

**65-0846824**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**REINSTEIN, JOEL ESQ**  
**5355 TOWN CENTER ROAD**  
**THE PLAZA - SUITE 801**  
**BOCA RATON FL 33486**

**7. Name and Address of New Registered Agent**

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

City  
**Tallahassee**

**FL**

Zip Code  
**32301**

**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.**

**Brian Courtney**  
**Asst. V. Pres.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

TITLE  
**P**  
 NAME  
**WOLLOWICK, BURTON S P/D**  
 STREET ADDRESS  
**903 MEADOWS ROAD**  
 CITY-ST-ZIP  
**BOCA RATON FL 33486** ☐ Delete

TITLE  
**VP**  
 NAME  
**PURITA, JOSEPH**  
 STREET ADDRESS  
**903 MEADOWS ROAD**  
 CITY-ST-ZIP  
**BOCA RATON FL 33486** ☐ Delete

TITLE  
**VP**  
 NAME  
**SCHOSHEIM, PETER**  
 STREET ADDRESS  
**903 MEADOWS ROAD**  
 CITY-ST-ZIP  
**BOCA RATON FL 33486** ☐ Delete

TITLE  
**T**  
 NAME  
**KREBSBACH, MICHAEL J**  
 STREET ADDRESS  
**903 MEADOWS ROAD**  
 CITY-ST-ZIP  
**BOCA RATON FL 33486** ☐ Delete

TITLE  
**S**  
 NAME  
**STEWART, CHARLES E**  
 STREET ADDRESS  
**903 MEADOWS ROAD**  
 CITY-ST-ZIP  
**BOCA RATON FL 33486** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**D**  
 NAME  
**BROMSON, MARK S.**  
 STREET ADDRESS  
**903 MEADOWS ROAD**  
 CITY-ST-ZIP  
**BOCA RATON, FL. 33486** ☐ Change ☐ Addition

TITLE  
**D**  
 NAME  
**KOLETTIS, GEORGE J.**  
 STREET ADDRESS  
**903 MEADOWS ROAD**  
 CITY-ST-ZIP  
**BOCA RATON, FL. 33486** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

**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 an address, with all other like empowered.**

**SIGNATURE:**

**Charles E Stewart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)