

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90363 004 \*\*\*150.00

DOCUMENT # P98000058390

1. Entity Name  
BOCA RATON ORTHOPEDIC GROUP, INC.



Principal Place of Business

660 GLADES ROAD  
460  
BOCA RATON, FL 33431

Mailing Address

660 GLADES ROAD  
460  
BOCA RATON, FL 33431

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

PURITA, JOSEPH R  
660 GLADES RD 460  
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WOLLOWICK, BURTON S P/D  
STREET ADDRESS 660 GLADES RD., #460  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VPD ☐ Delete  
NAME PURITA, JOSEPH  
STREET ADDRESS 660 GLADES RD., #460  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE -D ☐ Delete  
NAME KOLETTIS, GEORGE  
STREET ADDRESS 660 GLADES RD., #460  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE TD ☐ Delete  
NAME KREBSBACH, MICHAEL J  
STREET ADDRESS 660 GLADES RD., #460  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE SD ☐ Delete  
NAME STEWART, CHARLES E  
STREET ADDRESS 660 GLADES RD., #460  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☐ Delete  
NAME BROMSON, MARK S  
STREET ADDRESS 660 GLADES RD., #460  
CITY-ST-ZIP BOCA RATON, FL 33486

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition  
NAME Levin, Larry  
STREET ADDRESS 660 Glades Rd., #460  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE V ☐ Change ☒ Addition  
NAME Saker, Anthony  
STREET ADDRESS 660 Glades Road, #460  
CITY-ST-ZIP Boca Raton, FL 33431

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

MARK BROMSON

1/20/07

81-391-5515

Date

Daytime Phone #