

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90070 030 ***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
**660 GLADES ROAD
Suite, Apt. #, etc.
460**

3. Mailing Address
**660 GLADES ROAD
Suite, Apt. #, etc.
460**

City & State
BOCA RATON FL.
Zip
33431
Country
USA

City & State
BOCA RATON FL.
Zip
33431
Country
USA

4. FEI Number **65-0846824**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2003 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 **P** ☐ Delete
NAME **WOLLOWICK, BURTON S P/D**
STREET ADDRESS **903 MEADOWS ROAD**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **BROMSON, MARK S**
STREET ADDRESS **903 MEADOWS RD**
CITY-ST-ZIP **BOCA RATON FL 33486**

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 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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

561-391-5515

Date

Daytime Phone #

CR2E034 (10/02)