

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90062 049 ***150.00

DOCUMENT # P98000074557

1. Entity Name
NORTH BROWARD ORTHOPEDIC ASSOCIATES, INC.

Principal Place of Business
**300 SE 17 ST.
 FT. LAUDERDALE FL 33316**

Mailing Address
**300 SE 17 ST.
 FT. LAUDERDALE FL 33316**

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
65-0879251

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

**BALOCCO, JOSEPH M
 1323 SE 3RD AVE
 FT. LAUDERDALE FL 33316**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LWIN, SEIN 300 SE 17 ST. FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ATRAHAMAS, MICHAEL 300 SE 17 ST. FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABRAHAMS, MICHAEL 300 SE 17 ST FT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, LEROY A 300 SE 17 ST. FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. SMITH, LEROY A 300 SE 17 ST FT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAPILA, DEEPAK 300 SE 17 ST. FT. LAUDERDALE FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDSTEIN, RICHARD 300 SE 17 ST. FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 |

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:

LEROY A. SMITH, M.D.

April 25, 2002 954-522-1982

Date Daytime Phone #

CR2E034 (9/01)