

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074557

FILED  
Jul 22, 2005  
Secretary of State

**Entity Name:** NORTH BROWARD ORTHOPEDIC ASSOCIATES, INC.

**Current Principal Place of Business:**

300 SE 17 ST.  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

300 SE 17 ST.  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-0879251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LWIN, SEIN  
Address: 300 SE 17 ST.  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: ABRAHAMS, MICHAEL  
Address: 300 SE 17 ST.  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: T ( ) Delete  
Name: SMITH, LEROY A  
Address: 300 SE 17 ST.  
City-St-Zip: FT. LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SEIN LWIN M.D.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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07/22/2005

\_\_\_\_\_  
Date