# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2007**
**Secretary of State**

DOCUMENT# P98000074557

**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:**

680 NW 101 TERRACE
PLANTATION, FL 33324

**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: ABRAHAMS, MICHAEL A
Address: 300 SE 17 ST.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S ( ) Delete
Name: ABRAHAMS, MICHAEL 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:

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 Chapter 119, 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: MICHAEL A. ABRAHAMS T 02/05/2007

Electronic Signature of Signing Officer or Director — Date