

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093364

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: ORTHOPEDIC SPECIALISTS, P.A.

## Current Principal Place of Business:

2951 N.W. 49TH AVENUE  
SUITE 305  
LAUDERDALE LAKES, FL 33313

## New Principal Place of Business:

7225 N UNIVERSITY DRIVE  
SUITE 202  
TAMARAC, FL 33321 US

## Current Mailing Address:

2951 N.W. 49TH AVENUE  
SUITE 305  
LAUDERDALE LAKES, FL 33313

## New Mailing Address:

7225 N UNIVERSITY DRIVE  
SUITE 202  
TAMARAC, FL 33321 US

FEI Number: 65-0957701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BORKSON, ELLIOT P ESQ  
1313 S. ANDREWS AVENUE  
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: P ( ) Delete  
Name: KRULIK, GARY  
Address: 1888 COLONIAL DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V ( ) Delete  
Name: GERARD, FREDRIC M  
Address: 11331 SW 1ST CT  
City-St-Zip: PLANTATION ACRES, FL 33325

Title: S ( ) Delete  
Name: TRIANO, CHRISTOPHER J  
Address: 6605 N WOODRIDGE DRIVE  
City-St-Zip: PARKLAND, FL 33067

## 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 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: CHRISTOPHER TROIANO, MD

MGR

04/25/2007

Electronic Signature of Signing Officer or Director

Date