

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093364

FILED
Apr 21, 2008
Secretary of State

Entity Name: ORTHOPEDIC SPECIALISTS, P.A.

Current Principal Place of Business:

7225 N UNIVERSITY DRIVE
SUITE 202
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7225 N UNIVERSITY DRIVE
SUITE 202
TAMARAC, FL 33321 US

New Mailing Address:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TROIANO, CHRISTOPHER J MD
Address: 6605 N WOODRIDGE DRIVE
City-St-Zip: PARKLAND, FL 33067

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

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 J TROIANO

MD

04/21/2008

Electronic Signature of Signing Officer or Director

Date