

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90244 034 \*\*\*150.00

**DOCUMENT # P99000093364**

1. Entity Name  
**ORTHOPEDIC SPECIALISTS, P.A.**



Principal Place of Business  
**2951 N.W. 49TH AVENUE  
SUITE 305  
LAUDERDALE LAKES FL 33313**

Mailing Address  
**2951 N.W. 49TH AVENUE  
SUITE 305  
LAUDERDALE LAKES FL 33313**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0957701**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KRULIK, GARY</b>	
STREET ADDRESS	<b>1888 COLONIAL DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GERARD, FREDRIC M</b>	
STREET ADDRESS	<b>11331 SW 1ST CT</b>	
CITY-ST-ZIP	<b>PLANTATION ACRES FL 33325</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TRIANO, CHRISTOPHER J</b>	
STREET ADDRESS	<b>6605 N WOODRIDGE DRIVE</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>BUENO, NATACHA</b>	
STREET ADDRESS	<b>9322 CSW 5TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/03**

Date

**754 739 9700**

Daytime Phone #

CR2E034 (10/02)