

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S63500

1. Corporation Name

SOUTH FLORIDA ORTHOPEDIC CARE, INC.

Principal Place of Business

2255 GLADES ROAD  
SUITE 416-A  
BOCA RATON FL 33431  
US

Mailing Address

2255 GLADES ROAD  
SUITE 416-A  
BOCA RATON FL 33431  
US

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90015 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1991

4. FEI Number

65-0269673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HARRIS, PETER H ESQ.  
C/O OMNA MEDICAL PARTNERS, INC.  
2255 GLADES ROAD, SUITE 416-A  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Harris, Peter H Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) C/O OMNA Medical Partners, Inc.  
83 2255 Glades Road, Suite 219A  
84 Boca Raton FL 85 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Peter H. Harris*

Peter H. Harris

VP/Secretary

April 6, 1999

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	PECK, DAVID	2255 GLADES ROAD SUITE 416A	BOCA RATON FL 33431	<input type="checkbox"/>
VPT	PORTNOY, FRED	2255 GLADES ROAD SUITE 416A	BOCA RATON FL 33431	<input type="checkbox"/>
S	JOHNSON, DARYL P	2255 GLADES ROAD SUITE 416A	BOCA RATON FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Peck, David G	2255 Glades Road, Suite 219A	Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Portnoy, Fred J	2255 Glades Road, Suite 219A	Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Johnson, Daryl P	2255 Glades Road, Suite 219A	Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	VP/S, Peter A	2255 Glades Road, Suite 219A	Boca Raton, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	VP Medical Director	Strain, Richard J, E.M.D.	2255 Glades Road, Suite 219A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Boca Raton, FL 33431	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter H. Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 6, 1999

Daytime Phone #

561-  
988-2227

CR2E034 (11/98)