

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90048 021 ***150.00

DOCUMENT # S63500

1. Entity Name

SOUTH FLORIDA ORTHOPEDIC CARE, INC.

Principal Place of Business

**C/O OMNA MEDICAL PARTNERS
 2255 GLADES RD. #219A
 BOCA RATON FL 33431
 US**

Mailing Address

**5215 OLD ORCHARD RD.
 850
 SKOKIE IL 60077
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0269673

Applied For

Not Applicable

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

HARRIS, PETER H ESQ.

C/O OMNA MEDICAL PARTNERS, INC.

2255 GLADES ROAD, SUITE 219-A

BOCA RATON FL 33431

Name

Peter Harris

Street Address (P.O. Box Number is Not Acceptable)

1052 Seguiria Lane

City

Weston

FL

Zip Code

33322

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **PECK, DAVID**
 STREET ADDRESS **2255 GLADES ROAD SUITE 219-A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPTD** ☒ Delete
 NAME **PORTNOY, FRED**
 STREET ADDRESS **2255 GLADES ROAD SUITE 219-A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
 NAME **HARRIS, PETER**
 STREET ADDRESS **2255 GLADES ROAD SUITE 219-A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
 NAME **President, Secretary, Treasurer, & Director**
 STREET ADDRESS **5215 Old Orchard Rd**
 CITY-ST-ZIP **#850 Skokie, IL 60077**

TITLE **VPMD** ☒ Delete
 NAME **STRAIN, RICHARD E MD**
 STREET ADDRESS **2255 GLADES ROAD SUITE 416A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **BARBOUR, AYLSSA R**
 STREET ADDRESS **2255 GLADES ROAD, STE 416A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **5215 Old Orchard Rd**
 CITY-ST-ZIP **#850 Skokie, IL 60077**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

4/17/02

954-559-3435

CR25024 (9/01)