PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S75346**

1. Corporation Name

ORTHOPAEDIC SURGERY SPECIALISTS, P.A.

Principal Place	e of Business	Mailing Address				. Alita citti atata at	i distri distri didir asasi ar	Aff Afatt that
2900 N MILITAF	RY TRAIL	2900 N MILITARY TRAIL						
SUITE 290		SUITE 230		THE OPICE				
		BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated of	or Qualifed		
<u> </u>				<u> </u>	08/22/1991			lied For
	lace of Business	2a. Mailing Address			4. FEI Number		1	Applicable
21		26			65-0278962		\$8.75 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status	Desired		quired	
City & State		City & State		a Flastica Compain			·	
		<u></u>		6. Election Campaign Trust Fund Contribu	1 1	\$5.00 to Added to		
23	Country	Zip	Cou	ntrv	8. This corporation ow			7.002
Zip		29	30		Personal Property			□No
24	25 9. Name and Address of Current		[30]	<u> </u>	10. Name and Addres			
	9. Name and Address of Content	Registered Agent		81 Name 1 2	1)			
LAVENDER, JOEL R.					Chrysth O	· Garr	<u>.oo</u>	
2300 EAST LAS OLAS BLVD.				82 Street Addr	ess (P.Q. Box Number is	Not Acceptable)	Trail	ļ
SUITE 400				83 -	<u> </u>	- rain	1,50,	
FT. LAUDERDALE FL				الا <u>المالية</u>	<u>te azo</u>			
}				84 City	ca Pato	\sim	FL 85 Zip C	% 21
44 Duminos	to the provisions of Sections 607.0502	and 607 1509 Florida Statu	es the s	hove-named com	oration submits this statem	ent for the purp	ose of changing its	registered
l office or r	enistered agent, or both, in the State o	of Florida. Such change was a	uthonzed	by the corporation	on's board of directors. I he	ereby accept the	appointment as reg	jistered
agent. I a	m familiar with, and accept the obligati	ions of Section 607.0505, FIG	ida Stat	utes.]
SIGNATURE	Signature, typed or sinted name of registered agent	and title if confloatile (MOTI	Panietara	Agent signature require	d when reinstating)	. 0	ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TI		<u> </u>	-	Change	Addition
NAME	GARROD, KENNETH J.		1.2 N	AME K	Enneth J.1	S-arro	d ?\.	X {
STREET ADDRESS	1500 N.W. 10TH AVE. STE 201	•	1.3 5	TREET ADDRESS 3	400 y. W.	レフタナニ	Trails	1633D
CITY-ST-ZIP	BOCA RATON FL		14 C	TY-ST-ZIP	soca Rator),951 =	334311	1
TITLE	D	☐ DELETE	2.1 TI		0 0		Change	☐ Addition
NAME	LEVIN, LARRY P.		2.2 N		arry 7. Les	ŽIM .	- '\^ - '\	. 1
STREET ADDRESS	1500 N.W. 10TH AVE. STE 201				11m. 4 00P	HaruT	rail Sur	te 230
CITY-ST-ZIP	BOCA RATON FL	e		ITY-ST-ZIP		n. 24	22131	1
TITLE .	BOOKINGNIE	☐ DELETE	3.1 17			1	Change	☐ Addition
NAME	,		3.2 N	1				
STREET ADDRESS				TREET ADDRESS				
(·			ITY-ST-ZIP				1
TITLE		☐ DELETE	4.1 Ti				☐ Change	☐ Addition
NAME								I
		☐ DELETE	4.2 N	IAME			i .	
		□ bereie	4.2 N					
STREET ADDRESS		□ betere	4.3 \$	TREET ADDRESS				
CITY-ST-ZIP		DELETE	4.3 S	TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
CITY-ST-ZIP			4.3 \$	TY-ST-ZIP		· .	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME			. 4.3 S 4.4 C 5.1 Π 5.2 N	TY-ST-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.3 S 4.4 Cl 5.1 Tl 5.2 N. 5.3 S	TREET ADDRESS ITY-ST-ZIP TLE AME		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 S 4.4 Cl 5.1 Tl 5.2 N. 5.3 S	TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	The Table of		4.3 S 4.4 Cl 5.1 Tl 5.2 N 5.3 S 5.4 Cl	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE				·

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.

6.4 CITY-ST-ZIP

SIGNATURE:

1, 19 3

CITY-ST-ZIP

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90045 034 ***150.00