

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079631

Entity Name: ORTHOPAEDIC CENTER OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

600 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324

Current Mailing Address:

600 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324 US

FEI Number: 65-0452574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZISKIND & ARVIN, P.A.
3059 GRAND AVENUE
SUITE 300
MIAMI, FL 33133 US

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

Officer/Director Detail :

Title DR
Name SIMON, RICHARD JM.D.
Address 600 S. PINE ISLAND RD., SUITE 300
City-State-Zip: PLANTATION FL 33324

Title DR
Name ROLNICK, AUDIE MM.D.
Address 600 S. PINE ISLAND RD., STE. 300
City-State-Zip: PLANTATION FL 33342

Title DR
Name CHAYET, BRAD MD
Address 600 S PINE ISLAND RD STE 300
City-State-Zip: PLANTATION FL 33324

Title DR
Name BERKOWITZ, BRUCE MM.D.
Address 600 S. PINE ISLAND RD., SUITE 300
City-State-Zip: PLANTATION FL 33324

Title DR
Name JACOBS, STEPHEN MD
Address 600 S PINE ISLAND RD, STE 300
City-State-Zip: PLANTATION FL 33324

Title DR
Name JAROLEM, KENNETH MD
Address 600 S PINE ISLAND RD STE 300
City-State-Zip: PLANTATION FL 33324

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN J JACOBS, MD

MANAGING PARTNER

01/18/2013

Electronic Signature of Signing Officer/Director Detail

Date