

2014 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 CO-MANAGING PARTNER
Name SIMON, RICHARD J DR.
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name BERKOWITZ, BRUCE M DR.
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name ROLNICK, AUDIE M DR
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Title CO-MANAGING PARTNER
Name JACOBS, STEPHEN J DR
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name CHAYET, BRAD S DR
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name JAROLEM, KENNETH L DR.
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name CUMMINGS, PHILLIP B DR
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name LINN, RICHARD M DR
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

Continues on page 2

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

CO-MANAGING PARTNER 02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PARTNER
Name	SCHECHTER, NEIL A DR
Address	600 SOUTH PINE ISLAND ROAD SUITE 300
City-State-Zip:	PLANTATION FL 33324