

2023 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:**ARVIN, KENNETH I ESQ.
866 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146 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:** KENNETH I. ARVIN, ESQ.

01/16/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, SECRETARY, PARTNER
Name SIMON, RICHARD 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

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

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

Title PARTNER
Name EIERLE, CARL C DR.
Address 600 SOUTH PINE ISLAND ROAD
SUITE 300
City-State-Zip: PLANTATION FL 33324

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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: RICHARD J SIMON, MDPRESIDENT/SECRETARY/ 01/16/2023
PARTER

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, TREASURER, PARTNER
Name GLAIT, SERGIO A DR
Address 600 SOUTH PINE ISLAND ROAD
 SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name STEINER, CRAIG D DR
Address 600 S PINE ISLND ROAD
 SUITE 300
City-State-Zip: PLANTATION FL 33324

Title PARTNER
Name BULLOCK, JAMES M DR
Address 600 S PINE ISLAND ROAD
 SUITE 300
City-State-Zip: PLANTATION FL 33324