

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000045630

**Entity Name:** ORTHOPAEDIC ASSOCIATES OF SOUTH BROWARD, P.A.

**Current Principal Place of Business:**

1150 NORTH 35TH AVENUE SUITE 390  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

1150 NORTH 35TH AVENUE SUITE 390  
HOLLYWOOD, FL 33021

**FEI Number:** 65-0839076

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

EISINGER, DENNIS J  
4000 HOLLYWOOD BLVD #265-S  
HOLLYWOOD, FL 33021 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 DVS  
Name GROSSMAN, WARREN  
Address 1150 NORTH 35TH AVENUE SUITE 390  
City-State-Zip: HOLLYWOOD FL 33021

Title DPT  
Name STRAIN, RICHARD  
Address 1150 NORTH 35TH AVENUE SUITE 390  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name STEINLAUF, STEVEN  
Address 1150 NORTH 35TH AVENUE STE 390  
City-State-Zip: HOLLYWOOD FL 33021

*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:** WARREN GROSSMAN,M.D.

DVS

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date