2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600814

1. Entity Name

TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.

Principal Place of Business 4000 PARK STREET NORTH ST. PETERSBURG FL 33709

2. Principal Place of Business

Mailing Address

3. Mailing Address

4000 PARK STREET NORTH ST. PETERSBURG FL 33709

Suite, Apt. #. etc. Suite, Apt. #, etc.

FILED Jun 01, 2001 8:00 am Secretary of State

06-01-2001 90003 029 ***158.75

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DO NOT WRITE IN THIS SPACE

City & State City & State				4. FEI Number 59-1231742				Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired		\$8.75 Additional Fee Required	<u> </u>	
6. Name and Address of Current Registered Agent				- 7. Name and Address of New Registered Agent						
10(1)(00)(1)(1)(1)(1)				Name						
JOHNSON, WILLIAM L 424 CENTRAL AVENUE STE 200				Street Address (P.O. Box Number is Not Acceptable)						
	NION TOWER				-			-	_	
ST. PETERSBURG FL 33701				Oise		W 64		Zip Code		
				City				. Zip Code		

8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

(NOT) Registered Agent signature required when reinstating) FILE NOW! ! FEE IS \$150.00

After MAY 1, 20 1 Fee will be \$550.00 Make Check Payab e to Department of State

10. Election Campaign Financing Trust Fund Contribution.

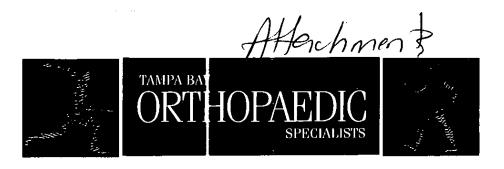
\$5.00 May Be Added to Fees

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11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, DERMOT J 4000 PARK ST. N. ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SLOMKA, MICHAEL D 4000 PARK ST. NORTH ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARREN, STEVEN B 4000 PARK ST. N. ST PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIDSON, PHILIP A 4000 PARK ST. N. ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sharf, Howard W 4000 Park St. N. St. Petersburg Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	ALEXANDER, YLADIANIA 4000 SARK ST.NO.	2 f . Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition

of the corporation or the receiver or trustee empowered to changed, or on an attachmen with an address, with all

I hereby titrify 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 report or supplemental report is true and accurate and that n / 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (10/00)



Dermot J. O'Connor, M.D. Ceneral Orthopae:lics Board Certified

Michael D. Slomka, M.D. Ceneral Orthopae:lics Board Certified Fellow AADEP (American Academy of Disability Evaluating Physicians)

Steven B. Warren, M.D. Total Joint Replacement Adult Reconstructive Surgery Orthopaedic Surgery Board Certified

Philip A. Davidson, M.D. Shoulder & Sports Injuries Orthopaedic Surgery Board Certified

Howard W. Sharf, M.D. Spine Surgery Orthopaedic Surgery Board Certified

Vladimir A. Alexander, M.D. Ceneral Orthopaedics Hand Surgery Foot and Ankle Surgery Board Eligible

Fellows of the AAOS American Academy of Orthopaedic Surgeons

May 29, 2001

Department of State Division of Corporations Uniform Business Reports Filings P 0 Box 1500 Tallahassee. F1 32302-1500

To Whom It May Concerr:

Tampa Bay Orthopsedic Specialists, P.A. Document # 600814

It has come to my att∈ntion that our annual corporate report filing was not made in a timely fashion. As your records will substantiate, this delinquency is a first time occurrence for us. I was out of the office during the month of January, which is likely the time period in which the form was received and subsequently misplaced.

I respectfully request that the delinquency fee be waived this one time. Your consideration will be greatly appreciated.

Sincerely,

Administration