2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State
06-01-2001 90003 029 ***158.75

DOCUMENT # 600814

772272

DO NOT WRITE IN THIS SPACE

1. Entity Name
TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1231742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM L
424 CENTRAL AVENUE STE 200
FIRST UNION TOWER
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS $150.00
After MAY 1, 20[illegible] Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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
TITLE / 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-ZIP	V. Alexander, Vladimir A. 4000 Park St. No. St Petersburg Fl 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. I hereby certify 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 my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (727) 347-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael E. Slomka, D.O.

Attachment 3

TAMPA BAY ORTHOPAEDIC SPECIALISTS

Dermot J. O'Connor, M.D.
General Orthopaedics
Board Certified

Michael D. Slomka, M.D.
General Orthopaedics
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.
General Orthopaedics
Hand Surgery
Foot and Ankle Surgery
Board Eligible

Fellows of the AAOS
American Academy of Orthopaedic Surgeons

May 29, 2001

600814
772272

Department of State
Division of Corporations
Uniform Business Reports Filings
P O Box 1500
Tallahassee, Fl 32302-1500

To Whom It May Concern:

RE: Tampa Bay Orthopaedic Specialists, P.A.
Document # 600814

It has come to my attention 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,

Beverly K. Taylor
Administration

4000 Park Street North
St. Petersburg, Florida
33709-4026
727-347-1286
FAX: 727-345-3084