

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90169 025 ***150.00

DOCUMENT # H80326

1. Entity Name
ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Principal Place of Business 4500 4TH ST. N. ST. PETERSBURG FL 33703	Mailing Address 4600 4TH ST. N. ST. PETERSBURG FL 33703-3802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2681990		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KALISH, WILLIAM 101 E. KENNEDY BLVD. SUITE 4100 TAMPA FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GNAGE, LAWRENCE M.			NAME			
STREET ADDRESS	2092 ILLINOIS AVENUE NE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT G.			NAME			
STREET ADDRESS	2063 ILLINOIS AVENUE NE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLHOFNER, BRETT			NAME			
STREET ADDRESS	1771 TANGLEWOOD DR NE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAMLET, DALE			NAME			
STREET ADDRESS	2044 BRIGHTWATERS BLVD NE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLINTON, DAVIS B			NAME			
STREET ADDRESS	1353 SNELL HARBOR DR NE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, JORGE A.			NAME			
STREET ADDRESS	3414 WEST GABLES COURT			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			

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: Robert G. Hamilton 4/26/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)