

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90433 029 \*\*\*150.00

ATTENTION ALL

**DOCUMENT # H80326**

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



Principal Place of Business  
**4600 4TH ST. N.  
ST. PETERSBURG FL 33703**

Mailing Address  
**4600 4TH ST. N.  
ST. PETERSBURG FL 33703**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

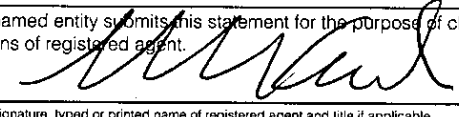
6. Name and Address of Current Registered Agent

**KALISH, WILLIAM**  
**101 E. KENNEDY BLVD.**  
**SUITE 4100**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Kalish, William**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 South Ashley Drive**  
**Suite 1500**  
City **Tampa** FL Zip Code **33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/29/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GNAGE, LAWRENCE M.</b>	
STREET ADDRESS	<b>2092 ILLINOIS AVENUE NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, ROBERT G.</b>	
STREET ADDRESS	<b>2063 ILLINOIS AVENUE NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BOLHOFNER, BRETT</b>	
STREET ADDRESS	<b>1771 TANGLEWOOD DR NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BRAMLET, DALE</b>	
STREET ADDRESS	<b>2044 BRIGHTWATERS BLVD NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLINTON, DAVIS B</b>	
STREET ADDRESS	<b>1353 SNELL HARBOR DR NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, JORGE A.</b>	
STREET ADDRESS	<b>3414 WEST GABLES COURT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gayoso, Antonio Jr.</b>	
STREET ADDRESS	<b>445 15th Avenue NE</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33704</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lowry, William E.</b>	
STREET ADDRESS	<b>1055 Marco Drive</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33702</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **2/6/03** DAYTIME PHONE # **(827) 527-5222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)