FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 004 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98295

1. Entity Name
THE FLORIDA KNEE CENTER, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1660 Gulf To Bay Blvd Suite, Apt. #, etc.	1660 Gulf To Bay Blvd Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2639696 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MURRAY, MARIELLEN

Street Address (P.O. Box Number is Not Acceptable): 1660 Gulf To Bay Blvd

City: Clearwater **FL** Zip Code: 33755

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 _____
Signature, typed or printed name of registered agent and title if applicable. 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PDS
NAME	BARRETT, JOHN P. JR.
STREET ADDRESS	1660 Gulf-To-Bay Blvd.
CITY-ST-ZIP	Clearwater, FL 33755
TITLE	T
NAME	NORBOM, HERBERT R.
STREET ADDRESS	1660 Gulf To Bay Blvd
CITY-ST-ZIP	Clearwater, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert R. Norbom, Treas. 4/4/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # H98295/6447748

The Florida Knee and Orthopedic Centers

Orthopedic Surgery
John P. Barrett, M.D.
Ronald Hayter, M.D.
Ronald M. Warncke, M.D.
Carl DePaula, M.D.
Jeffrey Stern, D.O.

Physical Medicine and Rehabilitation
Roberto Dominguez, M.D.

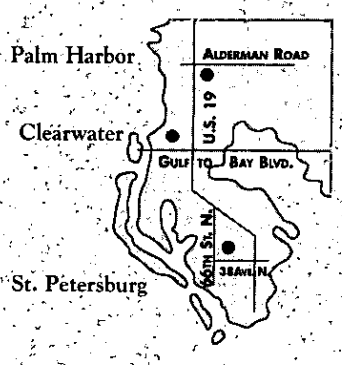
Clearwater
1660 Gulf to Bay Blvd.
Clearwater, FL 33755
Fax: 727-447-6312

St. Petersburg
3901 66th Street North
St. Petersburg, FL 33709
Fax: 727-347-6492

Palm Harbor
35111 U.S. 19 North
Palm Harbor, FL 34684
Fax: 727-786-9388

All Locations
727-446-5633

Outside the Tampa Bay Area
1-800-881-8485
www.fla-ortho.com



(850) 245-6059
April 15, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

Enclosed is a completed UBR report for The Florida Knee Center, P.A. and a check in the amount of $158.75.

The form for this year was never received.

Thank you for your consideration. If you have any questions please call me at (727) 461-7700.

Sincerely

Herb Norbom, CPA
CFO, Treasurer

enc: UBR - The Florida Knee Center, P.A.
Check $158.75


SPINE


KNEES


HIPS


SHOULDERS