

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00252-3 AF

**DOCUMENT #** L00000001534  
 1. Entity Name  
**ORTHO-PAEDIATRIC TECHNOLOGIES, L.L.C.**

Principal Place of Business <b>3527 BELLINGTON DRIVE ORLANDO FL 32835</b>	Mailing Address <b>3527 BELLINGTON DRIVE ORLANDO FL 32835</b>
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2. Principal Place of Business	3. Mailing Address <b>PO BOX 2613</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>WINDERMERE, FL</b>	City & State
Zip <b>34786-2613</b>	Country <b>USA</b>

4. FEI Number <b>59-3621945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WEATHERFORD, WILLIAM P JR.  
1031 W. MORSE BLVD., SUITE 105  
WINTER PARK FL 32789**

**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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME <b>MGRM PHILLIPS, JONATHAN MD</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3527 BELLINGTON DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32835</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS / CHANGES**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

000004137  
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 \*\*\*\*\*50.00 \*\*\*\*\*50.00

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jonathan Phillips Date: 4/12/01 Daytime Phone #: 407 290 2121