2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33066

1. Entity Name

ORTHOPEDIC EDUCATION FOUNDATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90047 023 ****70.00

Principal Place of Business	Mailing Address
1118 SOUTH ORANGE AVENUE #205 ORLANDO FL 32806	1118 SOUTH ORANGE AVENUE #205 ORLANDO FL 32806-1200

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1118 SOUTH ORANGE AVENUE	1118 SOUTH ORANGE AVE.
Suite, Apt. #, etc.: # 203	Suite, Apt. #, etc.: # 203
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number: 59-2961726 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, J. DEAN M.D.
1118 SOUTH ORANGE AVENUE
#205
ORLANDO FL 32806

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLE, J. DEAN M.D. 1118 SOUTH ORANGE AVENUE, #205 ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINTERS, THOMAS F 1118 SOUTH ORANGE AVENUE, #205 ORLANDO FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOLLY, JOHN F. M.D. 1118 SOUTH ORANGE AVE. #203 ORLANDO FL 32806	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KNOBLOCH, CARL 1118 SOUTH ORANGE AVENUE, #205 ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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 617, 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 — 1/11/2000 — (407) 872-7822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #