

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90319 001 ***450.00

DOCUMENT # P96000007147

1. Entity Name
THE CENTER FOR ORTHOPAEDIC SURGERY, P.A.

Principal Place of Business Mailing Address
10055 OVERSEAS HIGHWAY **10055 OVERSEAS HIGHWAY**
MARATHON FL 33050 **MARATHON FL 33050**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5701 OVERSEAS Highway **P.O. Box 501179**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Marathon FL **Marathon, FL**

4. FEI Number Applied For
65-0652237 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
33050 **USA** **33050** **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTELHO, GEORGE M
10055 OVERSEAS HWY
MARATHON FL 33050

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST BOTELHO, GEORGE M 10055 OVERSEAS HIGHWAY MARATHON FL 33050 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Date: **4/20/01** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)