

2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90321 037 \*\*\*150.00

DOCUMENT # P99000040757  
1. Entity Name  
Jupiter Orthopedic surgery and Sports medicine

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2141 S. ALH A1A</u> Suite, Apt. #, etc. <u>SK 410</u> City & State <u>Jupiter, FL</u> Zip <u>33477</u> Country	3. Mailing Address <u>2141 S. ALH A1A</u> Suite, Apt. #, etc. <u>SK 410</u> City & State <u>Jupiter, FL</u> Zip <u>33477</u> Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Anderson, Timothy K ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
631 US Hwy One  
SK 404  
City North Palm Bch FL Zip Code 33408

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] DATE 4/23/02 F.I.D. 4/23/02  
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D DeLuca, Frank A 2141 S. ALH A1A, SK 410 Jupiter, FL. 33477</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/23/02 5617476300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)