2000 UNIFORM BUSINESS REPORT-{UBR} DOCUMENT # P99000051717 Aug 31, 2000 8:00 am Secretary of State 1. Entity Name David W. Griffin, M.D. DAVID W. GRIFFIN, M.D., P.A. 979 37th Place 08-16-2000 90005 041 ***150.00 Vero Beach, FL 32960 08-31-2000 90111 036 ***400.00 Mailing Address Principal Place of Business 777 37TH-STREET SUITE DIOS 777 37TH STREET_SUITE DIOS VERO BEACH FL 32960 VERO BEACH-FC 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0925136 Applied For City & State City & State Not Applicable Country ... Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Addrass of New Registered Agent-6. Name and Address of Current Registered Agent .. RAPPEL, ROBERT DO, JD Street Address (P.O. Box Number is Not Acceptable) 5070 N HWY A1A SUITE 221 **VERO BEACH FL 32963** City 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) Stonature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Addition TITLE ☐ Delete ☐ Change GRIFFIN, DAVID W MD NAME NAME **650 LAGOON ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition Change □ Delete BBF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7E ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ■ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST.7IP CITY-ST-7/P 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



attachment # p99000051717

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

August 16, 2000

DAVID W. GRIFFIN, M.D., P.A.

TREET SUITE D105

VERO BEACH, FL 32960

Orthopaedic Center of Vero Beach
DAVID W. GRIFFIN, M.D.
Citrus Medical Plaza
979 37th Place — Vero Beach, FL 32960
(561) 778-2009

Subject:-DAVID-W-GRIFFIN-M:D-P-A:

Reference Number: P99000051717

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

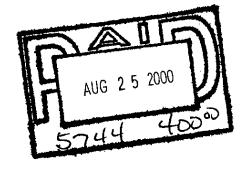
The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-14861500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/lb ANNUAL REPORTS SECTION



did not receive