FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90159 023 ***158.75

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07361

1. Entity Name

SOUTH FLORIDA ORTHOPAEDICS & SPORTS MED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
509 RIVERSIDE DR	509 RIVERSIDE DR
Suite, Apt. #, etc. SUITE 302	Suite, Apt. #, etc. SUITE 302
City & State STUART FL	City & State STUART FL
Zip 34994 Country US	Zip 34994 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0311858 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name COEL, MARK A

Street Address (P.O. Box Number is Not Acceptable) WESTON CORP. CENTRE II STE 305

2700 S COMMERCE PKWY

City WESTON FL Zip Code 33331

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)

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

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD NAME ANSPACH, W.E. III M.D. STREET ADDRESS 509 RIVERSIDE DRIVE SUITE 302 CITY-ST-ZIP STUART FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD NAME CARLSON, W.E. M.D. STREET ADDRESS 509 RIVERSIDE DRIVE SUITE 302 CITY-ST-ZIP STUART FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD NAME DESMAN, SCOTT M.D. STREET ADDRESS 509 RIVERSIDE DRIVE SUITE 302 CITY-ST-ZIP STUART FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME HAAS, GEORGE M.D. STREET ADDRESS 509 RIVERSIDE DRIVE SUITE302 CITY-ST-ZIP STUART FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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.

WILLIAM A. CARLSON, M.D. V.P

SIGNATURE: _____ 4/23/02 772 223-5980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #