

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105763

1. Entity Name

SOUTH FLORIDA BONE AND JOINT CARE, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90352 009 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>351 NW LEJEUNE RD. STE 205<br>MIAMI FL 33126 | Mailing Address<br>351 NW LEJEUNE RD. STE 205<br>MIAMI FL 33126 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



DO NOT WRITE IN THIS SPACE

|                                  |                          |                                |                |
|----------------------------------|--------------------------|--------------------------------|----------------|
| 4. FEI Number                    | 65-0804121               | Applied For                    | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |                |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent  | 7. Name and Address of New Registered Agent                                    |
| SANCHEZ-MEDINA, ROLAND JR<br>ONE INTERNATIONAL PLACE<br>100 SE 2ND ST, STE. 2800<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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] DATE                       
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsaing)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MEDINA, ROLANDO S MD<br>351 NW LEJEUNE ROAD, #205<br>MIAMI FL 33126 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BEAUPERTY, GILBERT DO<br>351 NW LEJEUNE ROAD #205<br>MIAMI FL 33126 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CALDWELL, JOSEPH MD<br>351 NW LEJEUNE ROAD<br>MIAMI FL 33126 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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: [Signature] 3  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)