

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90010 037 \*\*\*150.00

DOCUMENT # **604675**

1. Entity Name

ORLANDO ORTHOPAEDIC CENTER

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**100 W GORE STREET**

Suite, Apt. #, etc.

**SUITE 500**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

Zip  
**32806**

Country  
**USA**

Zip

Country

4. FEI Number

**59-1486941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**GOLL, STEPHEN R.**

Street Address (P.O. Box Number is Not Acceptable)

**711 PINETREE ROAD**

City **WINTER PARK**

**FL**

Zip **32789**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SEE ATTACHED LIST**

TITLE  
NAME  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-7-02**

CR2E034B (12/01)

Attachment

676917

#604675

3<sup>RD</sup> ASST SECRETARY (3AS)  
CHRISTENSEN, ALAN W.  
1011 LINCOLN CIRCLE  
WINTER PARK, FL 32789

3<sup>RD</sup> ASST TREASURER (3AT)  
WEBER, STEVEN E.  
2544 ROBERT TRENT JONES DRIVE  
#817  
ORLANDO, FL 32835

# Attachment

## LIST OF OFFICERS FOR UNIFORM BUSINESS REPORT - 2002

676914  
#604675

PRESIDENT (P)  
GOLL, STEPHEN R.  
711 PINETREE ROAD  
WINTER PARK, FL 32789

VICE PRESIDENT (VP)  
HALPERIN, LAWRENCE S.  
408 SPRING VALLEY LANE  
ALTAMONTE SPRINGS, FL 32714

SECRETARY (S)  
ROSEN, JEFFREY P.  
1684 INDIAN DANCE COURT  
MAITLAND, FL 32751

TREASURER (T)  
JONES, CRAIG P.  
1345 SPRING LAKE DRIVE  
ORLANDO, FL 32804

1<sup>ST</sup> ASST SECRETARY (1AT)  
BLICK, SAMUEL S.  
8707 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836

1<sup>ST</sup> ASST TREASURER (1AT)  
MCBRIDE, G. GRADY  
204 QUAYSIDE CIRCLE #104  
MAITLAND, FL 32751

2<sup>ND</sup> ASST SECRETARY (2AS)  
FUNK, JOSEPH D.  
2704 WINDSOR HILL DRIVE  
WINDERMERE, FL 34786

2<sup>ND</sup> ASST TREASURER (2AT)  
TOPOLESKI, TAMARA A.  
6184 RALEIGH STREET #122  
ORLANDO, FL 32835

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Attachment 676914  
# 604675

July 30, 2002

**G. Grady McBride, M.D.**  
*Orthopaedic Surgery*  
Scoliosis  
Spine Surgery

**Jeffrey P. Rosen, M.D.**  
*Orthopaedic Surgery*  
Sports Medicine  
Joint Replacement

**Craig P. Jones, M.D.**  
*Orthopaedic Surgery*  
Orthopaedic Oncology

**Lawrence S. Halperin, M.D.**  
*Orthopaedic Surgery*  
Hand Surgery  
Upper Extremity Surgery

**Stephen R. Goll, M.D.**  
*Orthopaedic Surgery*  
Cervical & Lumbar Spine Surgery  
Adult Spinal Reconstruction

**Samuel S. Blick, M.D.**  
*Orthopaedic Surgery*  
Knee and Shoulder Surgery  
Sports Medicine

**Alan W. Christensen, M.D.**  
*Orthopaedic Surgery*  
Hand Surgery  
Upper Extremity Surgery

**Joseph D. Funk, D.P.M.**  
*Foot & Ankle Surgery*  
Podiatry

**Tamara A. Topoleski, M.D.**  
*Orthopaedic Surgery*  
Pediatric Orthopaedic Surgery

**Daniel L. Wiernik, D.P.M.**  
*Foot & Ankle Surgery*  
Podiatry

**Steven E. Weber, D.O.**  
*Orthopaedic Surgery*  
Cervical & Lumbar Spine  
Adult Spinal Reconstruction

**Randy S. Schwartzberg, M.D.**  
*Orthopaedic Surgery*  
Sports Medicine  
Knee & Shoulder Specialist

**Robert C. Mumby, M.D.**  
*Orthopaedic Surgery*

**Darrell Shea, M.D.**  
*meritus*

**Bill Hart**  
*Executive Director*

Florida Dept of State  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: UNIFORM BUSINESS REPORT  
TAX ID: 59-1486941  
FOR: ORLANDO ORTHOPAEDIC CENTER

TO WHOM IT MAY CONCERN:

It just came to my attention that we had not received the UB REPORT for 2002, therefore, it had not been filed.

When I called your office, they advised me to download the form off the web site, send it in immediately and write a letter of explanation.

We apologize that the report is late. Historically, to my knowledge, the report has always been completed prior to the May 1<sup>st</sup> deadline. The report is enclosed along with the \$150 payment. We are asking at this time, that the penalty be waived since our corporation has always filed the report in a timely manner in the past.

Thank you for considering this request.

Sincerely,

Mrs. Daryl McIntosh  
Finance Manager