

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90135 030 \*\*\*150.00

000121



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 512424</b> 1. Entity Name <b>HEARTLAND ORTHOPEDIC CLINIC OF A. ROBERT MASSAM,</b>				 DO NOT WRITE IN THIS SPACE	
Principal Place of Business <b>4325 SUN N LAKES BLVD.          STE. 105          SEBRING FL 33872</b>		Mailing Address <b>4325 SUN N LAKES BLVD.          STE. 105          SEBRING FL 33872</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1691094</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MASSAM, A ROBERT          4325 SUN N LAKES BLVD.          STE. 105          SEBRING FL 33872</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MASSAM, A. ROBERT</b> <b>2730 BEACH DRIVE</b> <b>AVON PARK FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____		_____		1/4/01 863-385-3611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (10/00)