

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90045 020 \*\*\*150.00

0041304 34

**DOCUMENT # 529465**

1. Entity Name

**LE JEUNE ORTHOPEDICS ASSOCIATES, DR.SANCHEZ-MEDINA, CALDWELL & BEAPERTHUY-ROJAS, P.A.**

Principal Place of Business

Mailing Address

**351 N.W. LEJEUNE RD., STE. 205  
 MIAMI FL 33126-5650**

**351 N.W. LEJEUNE RD., STE. 205  
 MIAMI FL 33126-5650**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1730508**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ-MEDINA, ROLAND  
 351 N.W. LEJEUNE RD. #205  
 MIAMI FL 33126**

Name

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

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, 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.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SANCHEZ-MEDINA R	
STREET ADDRESS	351 NW LEJEUNE RD #205	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, JOSEPH	
STREET ADDRESS	351 NW LEJEUNE RD #205	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BEAUPERTHNY-ROSAS, GILBERT	
STREET ADDRESS	351 NW DESEUNE RD #205	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*NO LONGER IN CORPORATION*

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

*02/04/02*

CP2E034 (9/01)