2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 03, 2003 8:00 am
Secretary of State
08-18-2003 90164 037 ***550.00

55055604

DOCUMENT # 600557

1. Entity Name
GILMER, COX, BOTT & TORRES ORTHOPAEDIC ASSOCIATION, P.A.

Principal Place of Business	Mailing Address
2881 SOUTH DELANEY AVENUE BOX 568288 ORLANDO FL 32856-5288	2881 SOUTH DELANEY AVENUE BOX 568288 ORLANDO FL 32856-5288

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
596 Ocoee Commerce Pkwy	596 Ocoee Commerce Pkwy.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Ocoee, FL	City & State: Ocoee, FL
Zip: 34761 Country: USA	Zip: 34761 Country: USA

4. FEI Number 59-1227093 [ ] Applied For [ ] Not Applicable

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

6. Name and Address of Current Registered Agent

COX, WILLIAM K M.D.
2881 S DELANEY AVENUE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name: W. Kevin Cox, M.D.
Street Address (P.O. Box Number is Not Acceptable): 596 Ocoee Commerce Parkway
City: Ocoee FL Zip Code: 34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 8-27-03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COX, WILLIAM S 3019 CULLEN LAKESHORD DR ORLANDO FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COX, KEVIN W. 17311 MAGNOLIA ISLAND BLVD. CLERMONT FL 37411	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PRESIDENT COX, W. KEVIN 17311 MAGNOLIA ISLAND BLVD. CLERMONT, FL 34711	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOTT, WILLIAM K 2605 NELA AVENUE ORLANDO FL 32809-3172	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TORRES, JOSE A M.D. 7546 PARK SPRING CIR ORLANDO FL 32835	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kevin Cox, M.D. 407-654-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #