

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600730

1. Entity Name

ORTHOPAEDIC SPECIALISTS, P.A.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90014 004 ***150.00

Principal Place of Business

Mailing Address

220 S. COURTENAY PARKWAY
MERRITT ISLAND FL 32952

220 S. COURTENAY PARKWAY
MERRITT ISLAND FL 32952-4857

2. Principal Place of Business

699 W Cocoa Beach Cswy

3. Mailing Address

699 W Cocoa Beach Cswy

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

Suite 405

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

4. FEI Number

59-1227975

Applied For

Not Applicable

Zip

32931

Country

USA

Zip

32931

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, JAMES E.
220 S. COURTENAY PARKWAY
MERRITT ISLAND FL 32952

Name

Street Address (P.O. Box Number is Not Acceptable)
699 W Cocoa Beach Cswy

Suite 405

City

Cocoa Beach

FL

Zip Code
32931

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

James E Carter

4/5/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARTER, JAMES E.
220 S. COURTENAY PKWY
MERRITT ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
699 W Cocoa Beach Cswy Suite 405
Cocoa Beach FL 32931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

(321)799-2224

Daytime Phone #