2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

600736 DOCUMENT#



FILED Mar 19, 2003 8:00 am Secretary of State

1. Entity Na	^{ame} JRE COAST ORTHOPAEDI	C ASSO	CIATES, P.A.				03-19-2003	90094 031	***150	0.00
1700 SE HII	ace of Business LLMOOR DR #500 LUCIE FL 34952-7598	1700	ing Address D SE HILLMOOR DR RT ST. LUCIE FL 349							
2. Principal	Place of Business	3. Ma	ailing Address		.					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City	y & State	·	· · ·	4. FEI Numbe	59-1224443	3		applied For lot Applicable
Zip	Country	Zip		Country		5 Certificate	of Status Desired∍	[] [8.75 Ad	Iditional
<u> </u>	6. Name and Address of Curre	nt Register	ed Agent			7. Name and	Address of New F	Registered A	gent	
	r, william a. : Hillmoor Dr #500			Name Stree		O. Box Number	is Not Acceptable	e)		
	F. LUCIE FL 34952						· · · · · · · · · · · · · · · · · · ·		ν	
C The share			·	City				FL	Zip Coc	
the oblica	re named entity submits this statement ations of registered agent.	for the purp	oose of changing its	registered office	or registere	ed agent, or both	, in the State of Flo	orida. I am fa	miliar with,	, and accept
SIGNATURE	·									
.*	Signature, typed or printed name of registered age	ent and title if app	plicable. (NOTE	E: Registered Agent sign	nature required v	when reinstating)		DATE		
A E	CH E NOW!!! EEE 10 6486 66									
r د Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department	0 of State					tion Campaign Fir t Fund Contributio			00 May Be d to Fees
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indicated on this report or supplemental report is true and ag of the corporation or the receiver or trustee empowered to see changed, or on an attachment with ap address, with all ther and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if mpowered.

SIGNATURE: