

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90116 048 ***158.75

0480131 AV

DOCUMENT # 600814

1. Entity Name
TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.



Principal Place of Business
**4000 PARK STREET NORTH
ST. PETERSBURG FL 33709**

Mailing Address
**4000 PARK STREET NORTH
ST. PETERSBURG FL 33709**

2. Principal Place of Business
6500 - 66 Street North
Suite, Apt. #, etc.

3. Mailing Address
6500 - 66 Street North
Suite, Apt. #, etc.

City & State
St. Petersburg, Florida

City & State
St. Petersburg, Florida

4. FEI Number **59-1231742**

Applied For
Not Applicable

Zip Country
33781 USA

Zip Country
33781 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM L
424 CENTRAL AVENUE STE 200
FIRST UNION TOWER
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **Gassman, Alan S. Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1245 Court Street
City **Clearwater, FL** Zip Code **33756**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD O'CONNOR, DERMOT J 4000 PARK ST. N. ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SLOMKA, MICHAEL D 4000 PARK ST. NORTH ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARREN, STEVEN B 4000 PARK ST. N. ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIDSON, PHILIP A 4000 PARK ST. N. ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHARF, HOWARD W 4000 PARK ST. N. ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, VLADIMIR A 4000 PARK ST. NO. SAINT PETERSBURG FL 33709	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fuoco, Glenn S. 6500 - 66 Street North St. Petersburg, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Simonich, Stephen D. 6500 - 66 Street North St. Petersburg, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (727) 347-1286

Date Daytime Phone #

CR2E034 (10/02)