

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91593 022 ***150.00

DOCUMENT # 601799

1. Entity Name
ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

Principal Place of Business

**1075 MASON AVENUE
 DAYTONA BEACH FL 32117**

Mailing Address

**1075 MASON AVENUE
 DAYTONA BEACH FL 32117**

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 **59-1281292**

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

**STEEDLY, TONI COLLERY
 1075 MASON AVE.
 DAYTONA BEACH FL 32117**

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 *Toni Collery Steedly*

(NOTE: Registered Agent signature required when reinstating)

DATE

04-17-02

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 ☐ Delete
 NAME **ASTORIA TONY D**
 STREET ADDRESS **MALCOLM, D GOTTLICH**
 CITY-ST-ZIP **1075 MASON AVE
 DAYTONA BEACH FL 32117**

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **GILLESPIE JR., THURMAN**
 CITY-ST-ZIP **1075 MASON AVENUE
 DAYTONA BEACH FL**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **BRYAN, JAMES M**
 CITY-ST-ZIP **1075 MASON AVE
 DAYTONA BEACH FL 32117**

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

TITLE ☐ Delete
 NAME **AST**
 STREET ADDRESS **GILLESPIE, ALBERT W**
 CITY-ST-ZIP **1075 MASON AVE
 DAYTONA BCH FL**

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

TITLE ☐ Delete
 NAME **DAYTONA & GILLESPIE**
 STREET ADDRESS **GILLESPIE, MARK C**
 CITY-ST-ZIP **1075 MASON AVE
 DAYTONA BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Toni C. Steedly*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TONI C. STEEDLY
 ADMINISTRATOR**

04-17-02 386-255-4596
 Date Daytime Phone #

CR2E034 (9/01)