

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90004 044 ***150.00

DOCUMENT # 602564

1. Entity Name

ORTHOPAEDIC SPECIALTIES OF TAMPA BAY, P.A.

Principal Place of Business

Mailing Address

% GEORGE A. MORRIS
 1011 JEFFORDS ST #C
 CLEARWATER FL 34616-4023
 US

% GEORGE A. MORRIS
 1101 JEFFORDS ST #C
 CLEARWATER FLA 34616
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1011 Jeffords St. #c

City & State

Clearwater, FL 33756

City & State

Clearwater, FL 33756

Zip

Country

Zip

Country

4. FEI Number

59-1306865

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

MORRIS, GEORGE A

1011 JEFFORDS ST

CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

1011 Jeffords St Ste #C

City

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.

SIGNATURE

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------|---|---|
| TITLE | PTDS | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRIS, GEORGE A | NAME | |
| STREET ADDRESS | 1011 JEFFORDS ST. | STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | CITY-ST-ZIP | |
| TITLE | VST | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIAZZA, MICHAEL | NAME | |
| STREET ADDRESS | 1011 JEFFORDS ST. | STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/00

727-440-3993