2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

602623 **DOCUMENT #**

1. Entity Name

Principal Place of Business

THE JEWETT ORTHOPAEDIC CLINIC, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90712 029 ***150.00

Suito, Ap.1. 4, otc. Suito, Ap.1. 4, etc. Suito, Ap.1. 4, etc. Giy & State 4. FEI Number 59-1308619 Accided for Not Application of Suito, Ap.1. 4, etc. Suito, Ap.1. 4, etc. Giy & State 4. FEI Number 59-1308619 Not Application of Suito, Application of Suito, Ap. 4, etc. Suito, Ap.1. 4, etc. Suito, A	1285 ORANGE WINTER PARK			1285 ÖRANGE AVE WINTER PARK FL 32789								
City & State City & State City & State City & State Country Country Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional Feb. Englishered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City F	2. Principal Place of Business			3. Mailing Address					_i ll eib il bible, bible			
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Second Control Seco	City & State)		City & State			4. F	59-1308619				
MCCUTCHEN, M. D. J 1285 ORANGE AVE WINTER PARK FL 32789 City FL Zip Code	Zip		Country	Zip		Country	5. (Certificate of Status Desired				
MCCUTCHEN, M. D. J 1285 ORANGE AVE WINTER PARK FL 32789 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Code Code Compaign Firancing Sp. Election Campaign Firancing Rade Contribution Contribution Contribution Contribution Contribution Compaign Firancing Sp. Election Campaign Fir	6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Regi	stered Agent			
WINTER PARK FL 32789 6. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with and accidence of registered agent. SIGNATURE							•					
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence to registered agent, or both, in the State of Florida. I am familiar with, and accidence to registered agent. SIGNATURE Squalum, typed or preted name of registered agent. (NOTE: Registered Agent signature required when retination) DATE								,				
SIGNATURE Signature, typed or present area of registered agent.						City			FL Zi	o Code		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME PAPA, M. D. J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	SIGNATURE											
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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:

Daytime Phone #