

Amended  
2000 UNIFORM BUSINESS REPORT (UBR)

4-18-00

DOCUMENT # 604506

1. Entity Name

Roca Raton Orthopaedic Associates, P.A.

FILED

00 APR 18 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00064331

Principal Place of Business

Mailing Address

825 Meadows Road Suite 112  
Boca Raton, FL 33486-2347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Palm Beach

DO NOT WRITE IN THIS SPACE  
4/18/00 90157/050 \$161.25

4. FEI Number

59-1466727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Melvin A. Young, M.A.  
3065 Windsor Place  
Boca Raton, FL 33486

Name Melvin A. Young M.A.  
Street Address (P.O. Box Number is Not Acceptable)  
825 Meadows Road Suite 112  
City Boca Raton FL FL Zip Code 33486

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 block 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

TITLE Pres  
NAME Melvin A. Young, M.A.  
STREET ADDRESS 3065 Windsor Place  
CITY-ST-ZIP Boca Raton FL 33486

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME Tross - Lorty  
STREET ADDRESS 3065 Windsor Place  
CITY-ST-ZIP Boca Raton FL 33486

☐ Delete

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

4/23