

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 604675**

1. Entity Name

ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.

Principal Place of Business

**100 W. GORE ST. FIFTH FLOOR
LUCERNE MEDICAL PLAZA
ORLANDO FL 32806**

Mailing Address

**100 W. GORE ST. FIFTH FLOOR
LUCERNE MEDICAL PLAZA
ORLANDO FL 32806**

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 **59-1486941**

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

**GOLL, STEPHEN R
711 PINETREE RD
WINTER PARK FL 32789**

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 _____

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, 2001 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 **S** ☐ Delete
NAME **ROSEN, JEFFREY P**
STREET ADDRESS **1684 INDIAN DANCE COURT**
CITY-ST-ZIP **MAITLAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **CRAIG, P J**
STREET ADDRESS **1345 SPRING LAKE DRIVE**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **HALPERIN, LAWRENCE S**
STREET ADDRESS **408 SPRING VALLEY LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **1AS** ☐ Delete
NAME **BLICK, SAMUEL S**
STREET ADDRESS **8707 SOUTHERN BREEZE DR**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **1AT** ☐ Delete
NAME **MCBRIDE, G. GRADY**
STREET ADDRESS **475 LAKEWOOD DR**
CITY-ST-ZIP **WINTER PARK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 407-425-1556**FILED
May 10, 2001 8:00 am
Secretary of State**

05-10-2001 90055 021 ***150.00



DO NOT WRITE IN THIS SPACE

0065276

CR2E034 (10/00)

Attachment
840780
604675

LIST OF OFFICERS, CONT'D

3AT (3rd Assistant Treasurer)
CHRISTENSEN, ALAN W.
1011 LINCOLN CIRCLE
WINTER PARK, FL 32789-2520

2AS (2nd Assistant Secretary)
FUNK, JOSEPH D.
2704-WINDSOR HILL DRIVE
WINDERMERE, FL 34786

2AT (2nd Assistant Treasurer)
TOPOLESKI, TAMARA A.
6184 RALEIGH STREET #122
ORLANDO, FL 32835

4AS (4th Assistant Secretary)
BROOKS, D. HODARI
4941 KEENELAND CIRCLE
ORLANDO, FL 32819