

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90179 001 ***150.00

DOCUMENT # 604675

1. Entity Name
ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.



Principal Place of Business
**100 W. GORE ST.
SUITE 500
ORLANDO FL 32306**

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



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN, JEFFREY P 1684 INDIAN DANCE COURT MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, CRAIG P 1345 SPRING LAKE DRIVE ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALPERIN, LAWRENCE S 408 SPRING VALLEY LANE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1AS BUICK, SAMUEL S 8707 SOUTHERN BREEZE DR ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1AT MCBRIDE, G. GRADY 204 QUAYSIDE CIRCLE #104 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2AS FUNK, JOSEPH D 2704 WINDSOR HILL DRIVE WINDERMERE FL 34786	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE REQUIRED

Stephen R. Goll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-03 407-254-2500

CR2E034 (10/02)