

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2001 08:00 AM
Secretary of State

DOCUMENT # 625091

1. Entity Name
 AMELIA ISLAND ORTHOPAEDICS, INC.

Principal Place of Business 1250 S 18TH STREET 204 FERNANDINA BCH 32034 US	FL	Mailing Address 1250 S 18TH ST 204 FERNANDINA BCH 32034 US	FL
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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
59-1916392

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS RALPH A.M.D.
 1250 S 18TH ST
 204
 FERNANDINA BCH FL
 32034 US

7. Name and Address of New Registered Agent

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 _____ DATE **04/22/2001**

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			
TITLE	AS	<input type="checkbox"/> Delete	
NAME	SMITH GREGORY NEAL MD		
STREET ADDRESS	1250 SOUTH 18TH STREET, SUITE 204		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		
TITLE	S	<input type="checkbox"/> Delete	
NAME	PARKS NANCY JEAN		
STREET ADDRESS	1250 S. 18TH STREET, SUITE 204		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	PARKS RALPH A		
STREET ADDRESS	1250 S 18TH STREET, SUITE 204		
CITY-ST-ZIP	FERNANDINA BCH FL 32034		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Nancy Jean Parks **S** 04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)