

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90129 025 \*\*\*\*61.25

**DOCUMENT # 701654**

1. Entity Name

**THE FLORIDA ORTHOPEDIC SOCIETY, INC.**

00041374



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4725 N FEDERAL HWY FORT LAUDERDALE FL 33308 US	Mailing Address 3900 N CAUSEWAY BLVD STE 1470 METAIRIE LA 70002 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-6142215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, MICHAEL J**  
**4244 W TENNESSEE STREET # 303**  
**TALLAHASSEE FL 32304-1033**

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 *Michael Taylor*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, WAYNE P. MD 1717 NORTH 'E' STREET, #534 PENSACOLA FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATANZARO, ROBERT J MD 4725 N FEDERAL HWY FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAGAN, ABBOTT II MD 8710 COLLEGE PARKWAY FT. MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLE, J. DEAN MD 1118 S. ORANGE AVE ORLANDO FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SANDERS, ROY MD 4 COLUMBIA DRIVE, SUITE 710 TAMPA FL 33606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Brown, MD Box 026900 Miami, FL 33101 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition J. Dean Cole, MD 1118 S. Orange Park #204 Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition Mark Fahey, MD 3334 Capital Medical Blvd. 400 Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large <input type="checkbox"/> Change <input type="checkbox"/> Addition Patrick M. J. Hutton, MD 454 Blanding Blvd. Suite A. Orange Park FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large <input type="checkbox"/> Change <input type="checkbox"/> Addition Edward Young, MD 410 Jacksonville Dr. Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew Wong, MD <input type="checkbox"/> Change <input type="checkbox"/> Addition 1951 West Bay Drive Largo FL 34640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George L. Caldwell, MD <input type="checkbox"/> Change <input type="checkbox"/> Addition 6000 N. Federal Highway Fort Lauderdale, FL 33308

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Michael Taylor* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/24/01 (504) 830-3960 Daytime Phone #

CR2E037 (10/00)