

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710975

1. Entity Name

THE NORTHEAST FLORIDA ORTHOPAEDIC SOCIETY, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90134 026 ****61.25

Principal Place of Business

1325 SAN MARCO BLVD.
 SUITE 200
 JACKSONVILLE FL 32207

Mailing Address

1325 SAN MARCO BLVD.
 SUITE 200
 JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2497822

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILBERT, PHILIP H.
 515 LOMAX ST
 JACKSONVILLE FL 32204

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME LOVELESS, ERIC A M.D.
 STREET ADDRESS 807 MIRA STREET
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME STEELE, MAXWELL M.D.
 STREET ADDRESS 4500 SAN PABLO ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE PD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TSD ☐ Delete
 NAME KITARY, GARRY S M.D.
 STREET ADDRESS 1325 SAN MARCO BLVD. , # 200
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TSD ☐ Change ☒ Addition
 NAME M. John Von Thron
 STREET ADDRESS 410 Jacksonville Dr
 CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(J Von Thron)

7/26/00

241-1204

Date

Daytime Phone #

CR2E037 (5/00)