

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716661

1. Entity Name

ORTHOPAEDICS ASSOCIATION, INC.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90004 041 ****61.25

Principal Place of Business

W. THAXTON SPRINGFIELD CENTER
UNIVERSITY OF FL COLLEGE OF MEDICINE
GAINESVILLE FL 32610

Mailing Address

W. THAXTON SPRINGFIELD CENTER
UNIVERSITY OF FL COLLEGE OF MEDICINE
GAINESVILLE FL 32610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7206508**

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

JONES, RICHARD T
912 NE 2ND ST
GAINESVILLE FL 32605

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

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 ☐ Delete
NAME **D DELL, PAUL C.**
STREET ADDRESS **RT 1 BOX 304 B**
CITY-ST-ZIP **MICANOPY FL**

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

TITLE ☐ Delete
NAME **D SLATTERY, JAMES B.**
STREET ADDRESS **6820 NW 11TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FLA. 32605**

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

TITLE ☐ Delete
NAME **D SKLENICKA, RUSSELL**
STREET ADDRESS **1600 LAKELAND HILLS BLVD**
CITY-ST-ZIP **LAKELAND, FLA. 33801**

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

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 (352) 265-9408
Date Daytime Phone #

CR2E037 (9/01)