

2002 UNIFORM BUSINESS REPORT (UBR)

0001019
AV

DOCUMENT # A96000001256

1. Entity Name

BONE AND JOINT TREATMENT CENTERS OF SOUTH FLORIDA, LTD.

FILED

02 JUN 18 PM 2:47

Principal Place of Business

100 SE SECOND STREET, SUITE 4000
MIAMI FL 33131

Mailing Address

100 SE SECOND STREET, SUITE 4000
MIAMI FL 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0695010

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

MADORSKY, MARSHA G ESQUIRE
100 SE SECOND STREET, SUITE 4000
MIAMI FL 33131

Name

CFRA, -LLC

Street Address (P.O. Box Number is Not Acceptable)
One Harbour Place

777 S. Harbour Island Blvd.

City

Tampa

FL

Zip Code
33602

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.

Peter J. Winders

DATE

3/07/02

9. Capital Contributions as Shown on record.

\$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M00000002456
NAME HT ORTHOTRIPSY MANAGEMENT COMPANY, L.L.C.
STREET ADDRESS 1841 WEST OAK PARKWAY, SUITE A
CITY-ST-ZIP MARIETTA GA 30062

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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14 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/12/02

CR2E003 (9/01)

CARLTON FIELDS

ATTORNEYS AT LAW

4000 INTERNATIONAL PLACE
100 S. E. SECOND STREET
MIAMI, FLORIDA 33131

MAILING ADDRESS:
P.O. BOX 019101, MIAMI, FL 33131-9101
TEL (305) 530-0050 FAX (305) 530-0055

June 13, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

VIA U.S. MAIL

Re: *Bone and Joint Treatment Centers of
South Florida, Ltd.*
Ref. No. A96000001256

Dear Sir/Madam:

Enclosed please find the 2002 UBR for the above referenced Limited Partnership, together with a check for the fee. I have enclosed correspondence we received on March 14, 2002 concerning the reinstatement of the general partner. I understand the General Partner has reinstated the partnership and is in active status.

I would appreciate your consideration in filing the enclosed UBR. Thank you for your assistance.

Very truly yours,


Marsha G. Madorsky

MGM:nb