

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F34804

1. Entity Name  
HALIFAX ORTHOPAEDIC CLINIC, P.A.

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90032 016 \*\*\*150.00

Principal Place of Business  
% NORMAN B SELTZER, M.D.  
311 N CLYDE MORRIS BLVD SUITE 480  
DAYTONA BEACH FL 32114  
US

Mailing Address  
% NORMAN B SELTZER, M.D.  
311 N CLYDE MORRIS BLVD SUITE 480  
DAYTONA BEACH FL 32114  
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2089594

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

SELTZER, NORMAN B., M.D.  
311 N. CLYDE MORRIS BLVD.  
SUITE 500  
DAYTONA BEACH FL 32114

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME SELTZER, NORMAN B, MD  
STREET ADDRESS 311 N. CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BEACH, FL 00000 ☐ Delete

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

TITLE VP  
NAME GAINES, RICHARD-K  
STREET ADDRESS 311 N CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)