

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90077 013 ***150.00

DOCUMENT # F34804

1. Entity Name

HALIFAX ORTHOPAEDIC CLINIC, P.A.



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

2. Principal Place of Business

614 N. Peninsula Drive
Suite, Apt. #, etc.

3. Mailing Address

614 N. Peninsula Drive
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Daytona Beach, Florida

Zip

32118

Country

USA

City & State

Daytona Beach, Florida

Zip

32118

Country

USA

4. FEI Number

59-2089594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Norman B Seltzer, M.D.

Street Address (P.O. Box Number is Not Acceptable)
614 N. Peninsula Drive

City
Daytona Beach

FL

Zip Code
32118

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SELTZER, NORMAN B, MD
311 N. CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Norman B Seltzer MD
614 N. Peninsula Drive
Daytona Beach, FL 32118 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Richard K Gaines
614 N. Peninsula Drive
Daytona Beach, FL 32118 ☒ Change ☐ Addition

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

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

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

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

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 607, 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:

N. Seltzer 17 Feb 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #