

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90060 028 ***150.00

0610720 AT

DOCUMENT # F98000000385

1. Entity Name

AOR MANAGEMENT COMPANY OF CENTRAL FLORIDA, INC.

Principal Place of Business
16825 NORTHCHASE DRIVE, SUITE 1300
HOUSTON TX 77060

Mailing Address
16825 NORTHCHASE DRIVE, SUITE 1300
HOUSTON TX 77060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0558493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
 City **Plantation** FL Zip Code **33324**

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]

EA Wallace
Assistant Secretary

1/17/02

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, 2002 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 **PD** ☐ Delete
 NAME **ROSS, R. D**
 STREET ADDRESS **16825 NORTHCHASE DRIVE, SUITE 1300**
 CITY-ST-ZIP **HOUSTON TX 77060**

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

TITLE **VD** ☒ Delete
 NAME **EVERSON, LLOYD K M.D.**
 STREET ADDRESS **16825 NORTHCHASE DRIVE, SUITE 1300**
 CITY-ST-ZIP **HOUSTON TX 77060**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **Bruce Beaussant**
 STREET ADDRESS **16825 Northchase, Ste 1300**
 CITY-ST-ZIP **Houston, Tx 77060**

TITLE **VD** ☒ Delete
 NAME **CHERNON, DAVID**
 STREET ADDRESS **16825 NORTHCHASE, STE 1300**
 CITY-ST-ZIP **HOUSTON TX 77060**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **George Morgan**
 STREET ADDRESS **16825 Northchase, Ste 1300**
 CITY-ST-ZIP **Houston, Tx 77060**

TITLE **VD** ☐ Delete
 NAME **WATTS, PHILIP H**
 STREET ADDRESS **16825 NORTHCHASE, STE 1300**
 CITY-ST-ZIP **HOUSTON TX 77060**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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]

Philip H. Watts **1/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)