

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90010 044 ***150.00

DOCUMENT # G79000

1. Entity Name

PALM ORTHOPEDICS, INC.

Principal Place of Business

**411 9TH ST. NO.
 NAPLES FL 34102-5806**

Mailing Address

**411 9TH ST. NO.
 NAPLES FL 34102-5806**

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

59-2381751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MURPHY FRANK P
 800 LAUREL OAK DRIVE STE 301
 NAPLES FL 33963**

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **ATKINSON, JOHN P.**
 STREET ADDRESS **411 9TH STREET NORTH**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/01 262 2799

0086694 AV

CR2E034 (5/01)

ATTACHMENT

Palm Orthopedics, Inc.
411 9th Street North
Naples, FL 34102

G79000
B00000086

July 18, 2001

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

Re: 2001 Uniform Business Report for Palm Orthopedics, Inc. #G79000

Gentlemen:

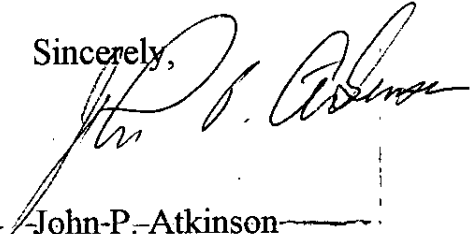
Enclosed is my renewal application and a check for \$150.00.

The first report was never received in the mail and I did not remember to renew in a timely manner.

I respectfully request that the penalty be abated.

Thank you for your kind consideration and attention.

Sincerely,



John-P. Atkinson
President