

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90039 007 ***150.00

DOCUMENT # J67017

1. Entity Name

TALLAHASSEE ORTHOPEDIC & SPORTS PHYSICAL THERAPY, INC.

Principal Place of Business

**3334 CAPITAL MEDICAL BLVD 300
TALLAHASSEE FL 32308-1416**

Mailing Address

**3334 CAPITAL MEDICAL BLVD 300
TALLAHASSEE FL 32308-1416**

B0052894



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3231 Capital Medical Blvd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32308

Zip

32308

Country

USA

4. FEI Number

59-2831494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNISLEV, KENT

3334 CAPITAL MEDICAL BLDG. STE 300

TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Knisley, Kent

Street Address (P.O. Box Number is Not Applicable)

3334 Capital Medical Blvd.

Suite 300

City

Tallahassee

FL

Zip Code

32308

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, 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

TITLE **PD** ☐ Delete
NAME **KNISLEY, KENT CHARLES**
STREET ADDRESS **3334 CAPITAL MED BLVD300**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VP** ☐ Delete
NAME **WATSON, JIM**
STREET ADDRESS **3334 CAPITAL MED BLVD300**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☐ Delete
NAME **WATSON, JIM**
STREET ADDRESS **3334 CAPITAL MEDICAL BLVD. 300**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent Knisley

1/14/02

850-219-1520

CR2E034 (9/01)