## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## J69950 DOCUMENT #

1. Entity Name

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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WEST COAST ORTHOPAEDICS, P.A.



TITLE

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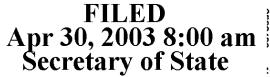
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Principal Place of Business % JEREMIAH A. HUBBARD 520 SE 8 AVE **CRYSTAL RIVER FL 34429** 

Mailing Address % JEREMIAH A. HUBBARD 520 SE 8 AVE CRYSTAL RIVER FL 34429

		-
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



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CRYSTAL RIVER FL 34429		CRYS	CRYSTAL RIVER FL 34429			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2. Principal Place of Business		<b>3.</b> Mai	3. Mailing Address			† 1881   18 BILLA BILLA 1811   1816   1816   1817   1817   1817   1817   1817   1817   1817   1817   1817   18	H KUKU BIDIK KUBI D	HOR BIAN ROOM	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State		4.	4. FEI Number 59-2789817		oplied For of Applicable	
Zip		Country	Zip		Country	<u>بر</u> 5. ـ	Certificate of Status Desired	\$8.75 Add	ditional ed
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
					Name				
STALCUP, II W J. 520 SE 8TH AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	RIVER FL							-t	į.
	•				City		F	Zip Cod	e
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registered Agent signature requ	uired when re	einstating) DATE		
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State				Election Campaign Financing     Trust Fund Contribution.		May Be I to Fees
10.		OFFICERS AND	DIRECTO	RS	11.	AE	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD 520 SE 8 CRYSTAL			☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP .	D STALCUP, 520 SE 8 CRYSTAL		₹ <del>3</del> ₹	☐ Delete	TITLE NAME STREET ADDRESS _CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRESS	·		☐ Change	☐ Addition

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.

CITY-ST-ZIP

SIGNATURE:

☐ Change

Change

☐ Change

☐ Addition

Addition

Addition