

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91178 029 ***150.00

A0071523

DO NOT WRITE IN THIS SPACE

DOCUMENT # K88859

1. Entity Name

Manual Orthopedics Institute, Inc.

Principal Place of Business

Mailing Address

1605 Main Street
Suite 1100
Sarasota, Florida 34236

2. Principal Place of Business

1605 Main Street

3. Mailing Address

Suite, Apt. #, etc.

1100

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

4. FEI Number

65-0119061

Applied For

Not Applicable

Zip
34236

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael R. Pender, Jr.
1605 Main Street #1100
Sarasota, Florida 34236

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.

(NOT) Registered Agent signature required when reinstating

DATE

4-30-01

For Profit
FILE NOW:
FEE IS \$150.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Delete
NAME Michael R. Pender, Jr.
STREET ADDRESS 1605 Main Street #1100
CITY-ST-ZIP Sarasota, Florida 34236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 941-366-2983

CR2E037 (11/00)