941-939-1441 Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ______

| 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0100001791 Entity Name CHILDREN'S ORTHOPEDICS OF SOUTHWEST FLORIDA, LLC | | | 3) | FILED Jan 31, 2002 8:00 am Secretary of State | | |
|--|---|--|--|---|--|-----------------------------|
| | | | | | ary 01 St 2 90031 038 ****5 | |
| Principal Place of Business | Mailing Address | | | | | |
| 520 ROYAL PALM SQUARE BLVD. BUITE 320 T. MYERS FL 33919 | 1520 ROYAL PALM SQUARE BLVD. SUITE 320 FT. MYERS FL 33919 | | ļ. | (88)3811 611 62381 11611 82111 83 | 211 33 121 46 12 46 201 (1 6 31 1831 | 18191 H91 1861 |
| Principal Place of Business | 3. Mailing Address | · · · · · · · · · · · · · · · · · · · | | | | |
| 3487 Broadway | 3487 Broadw | ay | | | | 10141 1121 1021 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NO1 WHI | ITE IN THIS SPACE | |
| City & State Fort Myers, Florida | City & State Fort Myers, | Florida - | 4. FEI N | lumber | <u> </u> | oplied For ot Applicable |
| Zip Country 33901 USA | Zip 33901 | Country USA | 5. Certi | ficate of Status Desired | □ \$5.00 Ad Fee Require | ditional ed |
| 6. Name and Address of Currer | nt Registered Agent | | 7. Name | e and Address of New I | Registered Agent | |
| KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD. SUITE 320 FT. MYERS FL 33919 | | | me Mike Ellis eet Address (P.O. Box Number is Not Acceptable) | | | |
| | | | 3487 Broadway City FL Zip Code | | | |
| | | J, | | | | 901 |
| | · | | ort Myers | | | 701 |
| 3. The above named entity submits this statement | for the purpose of changing it | | | or both, in the State of F | | <u> </u> |
| SIGNATURE AND SOLD SIGNATURE | Mike | s registered office o | r registered agent, | | | |
| 1,500 | Mike | s registered office of Ellis, Mana | r registered agent, ager ure required when reinstat | | lorida. | |
| SIGNATURE AND SOLD SIGNATURE | Mike int and title if applicable. (NO FILE N Make Check P | s registered office o | r registered agent, ager ure required when reinstat 550.00 ment of State | | lorida. | |
| | Mike int and title if applicable. (NO FILE N Make Check P | s registered office of Ellis, Mana TE: Registered Agent signal IOW!!! FEE IS ! ayable to Depart | r registered agent, ager ure required when reinstat 550.00 ment of State | ing) | lorida. | |
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