

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-07-2002 90171 026 ****50.00

41771

DOCUMENT # L01000006726

1. Entity Name

NAPLES ORTHOPAEDIC INSTITUTE, L.L.C.

Principal Place of Business

4435 DOVER COURT, UNIT 702
 NAPLES FL 34105

Mailing Address

4435 DOVER COURT, UNIT 702
 NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

101 8th Street S.

Suite, Apt. #, etc.

101 8th Street S.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34102

Country

Zip

34102

Country

4. FEI Number

59-3703461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERTRAM, H. MORTON III, MD
 4435 DOVER COURT, UNIT 702
 NAPLES FL 34105

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BERTRAM, H. MORTON III, MD	4435 DOVER COURT, UNIT 702	NAPLES FL 34105	
MGR	BUECHEL, FREDERICK JR.	1650 STARPOINTE LANE	NAPLES FL 34112	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

7/26/02

2392626641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #