

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90199 037 \*\*\*\*50.00

**DOCUMENT # L02000025715**

1. Entity Name  
**HIGHLANDS JOINT AND SPINE ORTHOPEDICS, P.L.**



Principal Place of Business      Mailing Address  
**3201 MEDICAL WAY SUITE 101**      **3201 MEDICAL WAY SUITE 101**  
**SEBRING FL 33870**      **SEBRING FL 33870**

**20001806**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**02-0645026**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCCOLLUM, JAMES F</b> <b>129 SOUTH COMMERCE AVE.</b> <b>SEBRING FL 33870</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, VERNON B JR. MD</b>	NAME	
STREET ADDRESS	<b>3201 MEDICAL WAY SUITE 101</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X** *[Signature]* **SIGNATURE REQUIRED** **VERNON B. MORRIS JR MD**      **1/7/03**      **863-386-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)