

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90383 020 \*\*\*150.00

**DOCUMENT # M65032**

1. Entity Name  
**TOTAL ORTHOPEDICS, INC.**



Principal Place of Business  
**11239 ST JOHNS INDUSTRIAL PKWY S  
SUITE 4  
JACKSONVILLE FL 32246  
US**

Mailing Address  
**11239 ST JOHNS INDUSTRIAL PKWY S  
SUITE 4  
JACKSONVILLE FL 32246  
US**



2. Principal Place of Business

**11221 St Johns Industrial**

Suite, Apt. #, etc.  
**Parkway South Suite 6**

City & State  
**Jacksonville, FL**

Zip Country  
**32246 US**

3. Mailing Address

**11221 St Johns Industrial**

Suite, Apt. #, etc.  
**Parkway South Suite 6**

City & State  
**Jacksonville, FL**

Zip Country  
**32246 US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2883532**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, DAVID M  
13724 HOPE SOUND CT  
JACKSONVILLE FL 32225**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, DAVID M.</b>	
STREET ADDRESS	<b>13724 HOPE SOUND CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

**Signed by Knight**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David M. Knight**  
Date

**1-3-03**

**904-928-9182**  
Daytime Phone #

CR2E034 (10/02)