

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90462 003 \*\*\*\*61.25

**DOCUMENT # N00000000325**

**1. Entity Name**

**HYNES FOUNDATION ORTHOPAEDIC AND SPINE INSTITUTE  
, INC.**



**Principal Place of Business**

**205 E. NASA BLVD.  
MELBOURNE FL 32901**

**Mailing Address**

**205 E. NASA BLVD.  
MELBOURNE FL 32901**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**11004938**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3671451**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HYNES, RICHARD A M.D.  
603 ATLANTIC ST.  
MELBOURNE BEACH FL 32951**

**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 \$61.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HYNES, RICHARD A M.D.</b>	
<b>STREET ADDRESS</b>	<b>603 ATLANTIC ST.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE BEACH FL 32951</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BENNETT, LEW</b>	
<b>STREET ADDRESS</b>	<b>1020 GULF BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>BELLEAIR SHORE FL 33786</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WHITTAKER, KENNETH</b>	
<b>STREET ADDRESS</b>	<b>1692 W. HIBISCUS BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE FL 32901</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>O'BRIEN, JEFFREY T</b>	
<b>STREET ADDRESS</b>	<b>650 S. COURTENAY PKWY.</b>	
<b>CITY-ST-ZIP</b>	<b>MERRITT ISLAND FL 32952</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WILSON, RICHARD</b>	
<b>STREET ADDRESS</b>	<b>610 JAMAICA BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL 32937</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BURKER, STEPHEN</b>	
<b>STREET ADDRESS</b>	<b>538 WARRAGANSETT ST. NE</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BAY FL 32905</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

**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 all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

4/3/03

321-723-7716

CR2E037 (10/02)