

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N25820
Entity Name ARTHROSCOPY BOARD OF NORTH AMERICA, INC.
Principal Place of Business 7315 Hudson Avenue, FL 34667-1158
Mailing Address 7315 Hudson Avenue, FL 34667-1158

FILED
Jun 20, 2000 8:00 am
Secretary of State
03-27-2000 90101 041 ****61.25

17858

Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
4. FEI Number 59-2964514 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Julius J. Zschau, Esquire 911 Chestnut Street Clearwater, FL 34616
7. Name and Address of New Registered Agent Name Julius J. Zschau, Esquire Street Address (P.O. Box Number is Not Acceptable) 911 Chestnut Street City Clearwater, FL Zip Code 33756

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.
Signature of Julius J. Zschau 727-461-1818 4/25/00
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D	Bonati, Alfred O. 7315 Hudson Avenue Hudson, Florida	DP	Bonati, Alfred O. 7315 Hudson Avenue Hudson, Florida 34667-1158
D	Perri, Michael 8705 Cranes Roost Drive New Port Richey, FL 34654	DVP	Perry, Michael 8705 Cranes Roost Drive New Port Richey, FL 34654
D	O'Ryan, Cecilia 5050 Westshore Drive, So. New Port Richey, FL 34652	DST	O'Ryan, Cecilia 5050 Westshore Drive, S. New Port Richey, FL 34652

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: 727-868-9863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #