

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25820

Entity Name

ARTHROSCOPY BOARD OF NORTH AMERICA, INC.

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

02-20-2002 90084 013 ****61.25

Principal Place of Business
15 HUDSON AVENUE
HUDSON FL 34667-1158

Mailing Address
7315 HUDSON AVENUE
HUDSON FL 34667-1158

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2964514**
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZSCHAU, JULIUS J
911 CHESTNUT ST.
CLEARWATER FL 34616

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BONATI, ALFRED O. | |
| STREET ADDRESS | 7315 HUDSON AVENUE | |
| CITY-ST-ZIP | HUDSON FL 34667-1258 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | PERRY, MICHAEL | |
| STREET ADDRESS | 8705 CRANES ROOST DR. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | |
| TITLE | DAT | <input type="checkbox"/> Delete |
| NAME | O'RYAN, CECILIA | |
| STREET ADDRESS | 5050 WESTSHORE DR. SO. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| 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 | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2002 (727) 868-9563

CR2E037 (9/01)