

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90214 013 ****61.25

DOCUMENT # N32712

1. Entity Name

FOUNDATION FOR MUSCULOSKELETAL RESEARCH AND EDUCATIONAL, INC.



Principal Place of Business

% ROY SANDERS

4175 EAST FOWLER AVE.
TAMPA FL 33617

Mailing Address

% ROY SANDERS

4175 EAST FOWLER AVE.
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2943168**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, ROY
4175 E. FOWLER AVE.
TAMPA FL 33617

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

TITLE	PD	Delete
NAME	SPIEGEL, PHILLIP G M.D.	
STREET ADDRESS	4175 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	Delete
NAME	BELSOLE, ROBERT J M.D.	
STREET ADDRESS	4175 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	Delete
NAME	WALLING, ARTHUR K M.D.	
STREET ADDRESS	4175 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	Delete
NAME	SANDERS, ROY M.D.	
STREET ADDRESS	4175 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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 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**

3/28/03

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CR2E037 (10/02)