

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000371

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

Entity Name: EXTREMITIES RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

4175 E FOWLER AVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4175 E FOWLER AVE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3555349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, ROY W M.D.
4175 E FOWLER AVE
TAMPA, FL 33617

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDERS, ROY M.D.
Address: 4175 E FOWLER AVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: WALLING, ARTHUR M.D.
Address: 4175 E FOWLER AVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: GUSTKE, KENNETH M.D.
Address: 4175 E FOWLER AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY SANDERS, MD

D

02/20/2002

Electronic Signature of Signing Officer or Director

Date