

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91118 048 ***158.75

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000040472 ✓
 1. Entity Name
Scott Coombs Orthopaedics, Inc.

664301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1165 Clinging Vine Place
 Suite, Apt. #, etc.

3. Mailing Address
1165 Clinging Vine Place
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Springs, FL

City & State

4. FEI Number
59-3641311

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Scott Coombs

Street Address (P.O. Box Number is Not Acceptable)
1165 Clinging Vine Place

City
Winter Springs, FL Zip Code
32708

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.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P Coombs, Scott 1165 Clinging Vine Place Winter Springs, FL 32708</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Coombs 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)