

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000108813**

1. Entity Name

ADVANCED ORTHOPAEDICS OF SOUTH FLORIDA, INC.

FILED

01 OCT -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO FL 32801

Mailing Address

37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO FL 32801

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

59-3699517

Applied For

Not Applicable

5. Certificate of Status Desired.

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.

THE GREENLEAF BUILDING, 3RD FLOOR

200 LAURA STREET

JACKSONVILLE FL 32201-0240

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUBINSKY, RANDY
37 NORTH ORANGE AVENUE SUITE 500
ORLANDO FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President and Director
Merrill Rauter, M.D.
7625 Lake Worth Road
Lake Worth, FL 33467 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SZPORKA, MARK
37 NORTH ORANGE AVENUE SUITE 500
ORLANDO FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SZPORKA 9/15/01

Date

Daytime Phone #

CR2E034 (5/01)