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FILED
Apr 28, 2002 8:00 am
Secretary of State

02-14-2002 90043 017 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032461
 1. Entity Name
CENTRAL FLORIDA ORTHOPAEDICS, P.A.

Principal Place of Business 1500 SE MAGNOLIA EXTENSION STE 204 OCALA FL 34471	Mailing Address 1500 SE MAGNOLIA EXTENSION STE 204 OCALA FL 34471
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2. Principal Place of Business 1500 SE Magnolia Ext.	3. Mailing Address 1500 SE Magnolia Ext
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State Ocala, FL	City & State Ocala, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRILL, ROBERT J MD 1500 SE MAGNOLIA EXTENSION STE 204 OCALA FL 34471		7. Name and Address of New Registered Agent Name Central Florida Orthopaedics Street Address (P.O. Box Number is Not Acceptable) 1500 SE Magnolia Ext. #203 City Ocala FL Zip Code 34471	
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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 **Robert J. Brill, MD** DATE **4-15-02**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph R. Docker, MD <input type="checkbox"/> Delete 1500 SE Magnolia Ext. #203 Ocala, FL 34471 President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition Joseph R. Docker MD 1500 SE Magnolia Ext #203 Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert J. Brill, MD <input type="checkbox"/> Delete 1500 SE Magnolia Ext. #203 Ocala, FL 34471 President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Robert J. Brill MD 1500 SE Magnolia Ext #203 Ocala, FL 34471 President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR5034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED** DATE: **1-31-02** DAYTIME PHONE: **352-622-1211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR