

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90098 008 ***150.00

DOCUMENT # P01000059233

1. Entity Name
PREMIER ORTHOPEDIC & INJURY CENTER, INC.

Principal Place of Business

5291 57TH AVE. NORTH
ST. PETERSBURG FL 33709

Mailing Address

5291 57TH AVE. NORTH
ST. PETERSBURG FL 33709

2. Principal Place of Business

101 E KENNEDY BLVD

Suite, Apt. #, etc.

STE 1265

City & State

TAMPA FL

Zip

33602

Country

USA

3. Mailing Address

101 E KENNEDY BLVD

Suite, Apt. #, etc.

STE 1265

City & State

TAMPA FL

Zip

33602

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3744598

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLARUSSO, MARY ANN

5291 57TH AVE. NORTH

ST. PETERSBURG FL 33709

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.

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 \$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.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME VERLANDER, JANE
STREET ADDRESS 5291 57TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709

☒ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SMITH, GARY
STREET ADDRESS 101 E KENNEDY BLVD STE 1265
CITY-ST-ZIP TAMPA FL 33602

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 GARY SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

813 2099789

Daytime Phone #

CR2E034 (9/01)