

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000099551**

1. Entity Name

PREMIER ORTHOPEDIC OF TAMPA, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90382 030 ***150.00

Principal Place of Business

3434 W COLUMBUS DR
TAMPA FL 33607

Mailing Address

3434 W COLUMBUS DR
TAMPA FL 33607

2. Principal Place of Business

101 E KENNEDY BLVD,

3. Mailing Address

101 E KENNEDY BLVD

Suite, Apt. #, etc.

1265

Suite, Apt. #, etc.

1265

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3750329

Applied For

Not Applicable

Zip

B3602

Zip

33602

Country

Hills

Country

Hills

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRUMBULL, WILLIAM
412 E MADISON ST STE 903
TAMPA FL 33602**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **HOLLIDAYB, AMY**
STREET ADDRESS **3434 W COLUMBUS DR**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** Change Addition
NAME **Holliday, Amy**
STREET ADDRESS **3434 W. Columbus Dr #109**
CITY-ST-ZIP **TAMPA FL 33607** *IN Spelling only*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

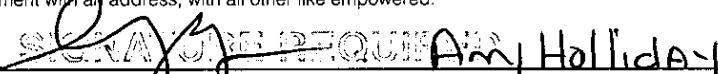
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:


Amy Holliday

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02 8138750075
Daytime Phone #

CR2E034 (9/01)