

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38123

1. Entity Name

SEATTLE ORTHOPEDIC GROUP, INC.

Principal Place of Business

DOBI-SYMPLEX  
2360 CLARK ST.  
APOPKA FL 32709  
US

Mailing Address

7700 OLD GEORGETOWN RD  
BETHESDA MD 20814  
US

2. Principal Place of Business *Seattle Orthopedic Group*

3. Mailing Address

*2 Bethesda Metro Center*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 1200*

City & State

City & State

*Bethesda MD*

*Orlando FL*

Zip

Country

Zip

Country

*20814*

*USA*

*32637-8425*

*USA*

4. FEI Number

*52-1770022*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **CHARRETTE, EDMOND**  
CITY-ST-ZIP **304 CAMBRIDGE RD.**  
**WOBURN MA 01801**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HELLMUTH, JAMES B**  
CITY-ST-ZIP **380 MADISON AVE 12TH FLOOR**  
**NEW YORK FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **STEIN, RICHARD A**  
CITY-ST-ZIP **7700 OLD GEORGETOWN RD. 2ND FLOOR**  
**BETHESDA MD 20814**

TITLE ☒ Change ☐ Addition  
NAME **S T**  
STREET ADDRESS **2 Bethesda Metro Center Suite 1200**  
CITY-ST-ZIP **Bethesda MD 20814**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **SABEL, IVAN**  
CITY-ST-ZIP **7700 OLD GEORGETOWN RD. 2ND FLOOR**  
**BETHESDA MD 20814**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2 Bethesda Metro Center Suite 1200**  
CITY-ST-ZIP **Bethesda MD 20814**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BLUTT, MITCHELL M**  
CITY-ST-ZIP **380 MADISON AVE 12TH FLOOR**  
**NEW YORK NY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCNERNEY, WALTER**  
CITY-ST-ZIP **2001 SHERIDAN RD. RM 3080**  
**EVANSTON IL 60208-2007**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/8/00*

Date

*301-986-0701*

Daytime Phone #

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90034 008 \*\*\*550.00

00086993



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)