

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90672 006 \*\*\*150.00

**DOCUMENT # P92000013671**

1. Entity Name

**PALM HARBOR ORTHOPEDICS, P.A.**



Principal Place of Business

**C/O RONALD BATHAW M.D.  
26 OFFICE PARK DRIVE  
PALM COAST FL 32137  
US**

Mailing Address

**PO BOX 1779  
FLAGLER BEACH FL 32136  
US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 35-2077**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Palm Coast, Fl.**

Zip

Country

Zip

Country

**32135**

**Flagler**

4. FEI Number

**59-3156214**

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

**DORAN, THEODORE R**

**444 SEABREEZE BLVD**

**SUITE 800**

**DAYTONA BEACH FL 32118**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
BATHAW, RONALD  
4 INDIAN MOUND CT  
FLAGLER BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST  
BATHAW, FRANCIA F  
4 INDIAN MOUND CT  
FLAGLER BCH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Francia F. Bathaw**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/08/2003**

**(386)**

**439-0667**

Date

Daytime Phone #

CR2E034 (10/02)