2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400014504 1. Entity Name CORAL SPRINGS ADULT & PEDIATRIC ORTHOPEDICS INC.					FILED 02 JUN 28 PM 3: 40				XXV AV
Principal Place 1710 UNIVERS SUITE 101 CORAL SPRIN	ity dr.	Mailing Address 1710 UNIVERSITY DR. SUITE 101 CORAL SPRINGS FL 33071			SECRETARY OF STATE A TALLAHASSEE. FLORIDA				
2. Principal Place of Business		3. Mailing Address			- I TODRIDOS INT FORM OFOR TORK CORN CORN CORN CORN SELECTIVE I SECULORIA COM 1993				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI N	omber 65-0538362	 - -	pplied For lot Applicable	-
Zip	Country	Zip Coun		гу			\$8.75 Ac Fee Requir		
	6. Name and Address of Current Re	egistered Agent		Name	7. Name	and Address of New Regis	tered Agent		
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST.				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301				City FL Zip Code					
, SIGNATURE .	named entity submits this statement for t Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible		: Registered	d Agent signature require	d when reinstatin)g)	DATE		
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee Make Check Payable to De		will be \$550.00	ite	 Election Campaign Financi Trust Fund Contribution. 	☐ Adde	00 May Be ed to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DP HAIMES, JEFFREY T 1710 UNIVERSITY DR., STE. 101 CORAL SPRINGS FL 33071	IRECTORS Delete		,				Addition	R2E034 (9/01)
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indicated	certify that the information supplied with the on this report or supplemental report is tr	its tiling does not qualify for rue and accurate and that n	ne exer ny signat	inplion stated in S ure shall have the	ection 119.0 same legal	effect as if made under oath;	that I am an office	er or director	

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 of director of the corporation or the receiver or trustice 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

SIGNATURE

SIGNATURE

Date

Attachment Dicument # Help Please! P7400014504

Jeffrey Haimes M.D. 1710 University Dr. Coral Springs, Fl. 33071

Re:Coral Springs Orthopedics Inc. 65-0561270
Coral Springs Sports Medicine Inc. 65-0745052
Coral Springs Adult and Pediatric Orthopedics Inc. 65-0538362

Dear Division of Corporations,

The 3 companies are inactive and have never made a dime. I originally got the names when medicine was better. I now have 4 children. One who was neglected and we adopted after my wife was a Guardian Ad litem for many years. I do all of my paper work on our dinning table and my wife was sick of the papers so she put them in a rubbermaid box. I found the papers on the bottom when looking for something else and realized that they were late. Please allow me to pay \$150 for each corporation! I have more than enough expenses with malpractice premiums and decreased reimbursements. I hope to activate one of the corporations and have another doctor join me so I can meet my expenses. I won't send them in late again! If you will not allow \$150 for each than let me know and send the checks back and I will have to deactivate at least 2 corporations because I can't pay \$550 x3. Please help me! Sorry!

Sincerely yours,

Jeffrey T. Haimes, M.D.