2000 U	INIFORM B	USINESS RE	FILED			
DOCUMENT # P94000082125 1. Entity Name FLORIDA ORTHOPAEDIC AND SPORTS MEDICINE INSTITUT				May 11, 2000 8:00 am Secretary of State 05-11-2000 90285 032 ***150.00		
Principal Place of B	Business	Mailing Address	·····			
5741 BEE RIDGE RD. SUITE 470 SARASOTA FL 34233 US		5741 BEE RIDGE RD. Suite 470 Sarasota FL 34233-5084 US		T HARANARA IYA TAMI ABAR KANYA ABAR KANYA ARAN ARAN TAMA KANA MANA MANA MANA MANA		
2. Principal Place of	of Business	3. Mailing Address				
Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0549531 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required		

				1		ree required	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
	BENNETT, WILL		• • •		Name		
	5741 BEE RIDGE RD.			Street Address (P.O. Box Number is Not Acceptable)			
	SUITE 470 Sarasota FL 34233					· · · · · · · · · · · · · · · · · · ·	
				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.

Tax filing requirement and elects to do so. After MAY 1, 200			III FEE IS \$150.00 100 Fee will be \$550.00 ble to Department of State	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	
1.	OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	11
TLE Ame Ireet address Ty - St - Zip	P Bennett, William F 5741 bee Ridge Rd., Suite 470 Sarasota Fl 34233	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗌 Change 🔛	Addition
TLE Ame Ireet address Ty-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗍	Addition
tle Ame Ireet address 7. st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
ILE ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗍	Addition
		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗍	Addition
 - 400RC95 ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
of the corr	ertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with a	and accurate and that n ad to execute this report.	r the exemption stated in Section ny signature shall have the sam s required by Chapter 607, Fig	n 119.07(3)(i), Florida Statutes. I further de legal effect as if made under oath; that orida Statutes; and that my name appear	certify that the inform t I am an officer or dir is in Block 11 or Bloci	ation ector k 12 if