

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90226 028 ***150.00

DOCUMENT # P94000082211

1. Entity Name
COASTAL ORTHOPAEDIC CENTER, INC.



Principal Place of Business
2215 NEBRASKA AVENUE STE. 3B
FORT PIERCE FL 34950

Mailing Address
2215 NEBRASKA AVENUE STE. 3B
FORT PIERCE FL 34950

2. Principal Place of Business

7710 S. US HWY 1
Suite, Apt. #, etc.

3. Mailing Address

7710 S. US HWY 1
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PT ST LUCIE FL

City & State
PT ST LUCIE FL

4. FEI Number **59-3299630**

Applied For
Not Applicable

Zip **34952**

Country **USA**

Zip **34952**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALMERI, NORMAN A
2215 NEBRASKA AVE
STE 3B
FT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7710 SOUTH US HWY 1
City **PT ST LUCIE** **FL** **Zip Code** **34952**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **PALMERI, NORMAN A M.D.**
STREET ADDRESS **2215 NEBRASKA AVENUE STE. 3B**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **7710 SOUTH US HWY 1**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

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

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NAME
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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: **SIGNATURE REQUIRED** **NORMAN A. PALMERI** **4-21-03** **772-335-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)