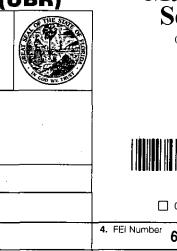
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000005928 **DOCUMENT #**

1. Entity Name

SIGNATURE:

EVERGLADES ORTHOPAEDIC AND HAND CENTER, P.A.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90071 025 ***150.00

Principal Place 3750 EMERGE SUITE 1 SEBRING FL 3	NCY LANE	3	Mailing Address PO BOX 72 SEBRING FL 33871 US								
2. Principal Place of Business			3. Mailing Address						[]] 		(08) (04) (111)
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FEI Number 65-0556024		-	plied For t Applicable
Zip	Country		Zip C		Cour	Country 5				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent								Name and Address of New Regi			
					-	Name	ىيىن سادى	رواد سته ا و النسولادو و سوید ا	≁. `.		
	richards, Rgency L/	S			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1										•	
SEBRING	FL 33870					City		- was dead	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 applica	ble. (NOTE	: Registere	d Agent signatur	e required when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financ Trust Fund Contribution.	cing		May Be to Fees
10.	- 1	OFFICERS AND	DIRECTORS		11.		AC	DDITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS		RICHARDS, JOSE R RGENCY LANE -SUITE FL 33870	1	☐ Delete		_			(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		_]	Change	☐ Addition
TITLE				☐ Delete	TITL	E				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	-	a angan sa masanan sa	Orașe Se rior	a Carallegue de Caracter	STRE	ET ADDRESS -ST-ZIP	-	فتستدد الصحيحية ويتوالد المحار والتما	فالا صوفات		
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TITLE NAME STREET AODRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP				Change .	Addition
indicated of the corp	on this repor poration or th	t or supplemental report is	true and acc wered to exe	curate and that mecute this report a	ny signat as requi	ture shall hav	ve the same I	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	i: that I am	an officer	or director