

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075234

1. Entity Name

BREVARD ORTHOPAEDIC CLINIC, INC.

Principal Place of Business

205 E NASA BLVD
MELBOURNE FL 32901

Mailing Address

205 E NASA BLVD
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFREY T O'BRIEN	
STREET ADDRESS	205 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAROCHELLE, PAUL J M.D.	
STREET ADDRESS	205 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYNES, RICHARD A M.D.	
STREET ADDRESS	205 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, DANIEL	
STREET ADDRESS	205 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey T. O'Brien

Date

Daytime Phone #

4/17/01 (321) 123-0132

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90064 028 ***150.00



DO NOT WRITE IN THIS SPACE

001/5583

CR2E034 (10/00)