

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000001777**

1. Entity Name

LIGHTHOUSE ORTHOPAEDIC ASSOCIATES, P.A.**FILED****Mar 28, 2000 8:00 am**
Secretary of State

03-28-2000 90080 002 ***150.00

Principal Place of Business

Mailing Address

9970 CENTRAL PARK BLVD. SOUTH
#400
BOCA RATON FL 334281821 NE 25TH ST
LIGHTHOUSE POINT FL 33064-7744
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0638788

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**YOUNG, BRUCE P
9970 CENTRAL PARK BLVD. SOUTH
#400
BOCA RATON FL 33428

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 reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	YOUNG, BRUCE P	9970 CENTRAL PARK BLVD., #400	BOCA RATON FL 33428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KLEINHENZ, DOMINIC J MD	9970 CENTRAL PARK BLVD., #400	BOCA RATON FL 33428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GOBERVILLE, THOMAS J MD	9970 CENTRAL PARK BLVD., #400	BOCA RATON FL 33428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCKAY, WILLIAM R MD	9970 CENTRAL PARK BLVD., #400	BOCA RATON FL 33428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KOLETTIS, GEORGE J.	1821 NE 25TH ST	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #