

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002683

1. Entity Name

COMPREHENSIVE ORTHOPEDIC CARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90308 032 ***150.00

Principal Place of Business

Mailing Address

4200 W CYPRESS
STE 300
TAMPA FL 33607
US

1111 BAYSIDE DRIVE
STE 100
CORONA DEL MAR CA 92625-1704
US

2. Principal Place of Business

3. Mailing Address

4200 W. Cypress

Suite, Apt. #, etc.

Suite 300

City & State
TAMPA FL

Zip
33607

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2214454

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 State

10. 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
DP
STREET, CHRISS W
111 BAYSIDE DRIVE, SUITE 100
CORONA DEL MAR CA 92625 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WATSON, COURTNEY
111 BAYSIDE DRIVE, SUITE 100
CORONA DEL MAR CA 92625 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDO
JOHNSON, MARY J
111 BAYSIDE DRIVE, SUITE 100
CORONA DEL MAR CA 92625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
4200 W. Cypress, Ste. 300
TAMPA, FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LANDIS, ROBERT
4200 W. CYPRESS SUITE 300
TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/T
4200 W. Cypress, Ste. 300
TAMPA, FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
CATHY J. Welch
4200 W. Cypress, Ste. 300
TAMPA, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Cathy J. Welch 4-14-00 813-876-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)