

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0424646 AV

**DOCUMENT # P96000002683**

1. Entity Name

**COMPREHENSIVE ORTHOPEDIC CARE, INC.**

02-20-2002 90075 016 \*\*\*150.00

Principal Place of Business

**4200 W CYPRESS  
 STE 300  
 TAMPA FL 33607  
 US**

Mailing Address

**4200 W CYPRESS  
 STE 300  
 TAMPA FL 33607  
 US**

2. Principal Place of Business

**200 S. Hoover Blvd.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**TAMPA, FL**

Zip

**33609**

Country

3. Mailing Address

**200 S. Hoover Blvd.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**TAMPA, FL**

Zip

**33609**

Country



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

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

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 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, MARY J 4200 W CYPRESS STE 300 TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LANDIS, ROBERT 4200 W CYPRESS STE 300 TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WELCH, CATHY J 4200 W CYPRESS STE 33607 TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
200 S. Hoover Blvd, Ste. 200 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
200 S. Hoover Blvd, Ste. 200 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
200 S. Hoover Blvd, Ste. 200 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 1-15-02 813-288-4808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)