2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90048 013 ***150.00

DOCUMENT # P96000038260

1. Entity Name

ORTHOPAEDIC ASSOCIATES OF ST. AUGUSTINE, P.A.

Principal Place of Business	Mailing Address
201 HEALTH PARK BLVD SUITE 102 ST AUGUSTINE FL 32086	300 HEALTHPARK BLVD STE 4000 ST AUGUSTINE FL 32086-3704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 HEALTHPARK BLVD	
Suite, Apt. #, etc. STE 4000	Suite, Apt. #, etc.
City & State ST. AUGUSTINE, FL	City & State
Zip 32086 Country USA	Zip Country

4. FEI Number 59-3377108 Applied For Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMES, JAMES M
201 HEALTH PARK BLVD SUITE 102
ST AUGUSTINE FL 32086

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, 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	DPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRIMES, JAMES M		NAME		
STREET ADDRESS	201 HEALTH PARK BLVD SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	YOLK, ALBERT M.D.		NAME	VOLK, ALBERT, M.D.	
STREET ADDRESS	300 HEALTHPARK BLVD STE 4000		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X SIGNATURE REQUIRED 1/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #