

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000097893**

1. Entity Name

ATLANTIC ORTHOPAEDICS, P.A.**FILED****Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90091 022 ***150.00

000571

Principal Place of Business
**1020 MASON AVENUE
DAYTONA BEACH FL 32117**

Mailing Address
**1020 MASON AVENUE
DAYTONA BEACH FL 32117**

00007379

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3413888		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MYERS, WILLIAM J MD 1020 MASON AVE DAYTONA BEACH FL 32117		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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	MYERS, WILLIAM J M.D.	NAME	
STREET ADDRESS	1020 MASON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	RHODES, J. RICHARD	NAME	
STREET ADDRESS	1020 MASON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	SRIDHAR, SRINIVASA M.D.	NAME	
STREET ADDRESS	1020 MASON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)