FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 04, 2000 8:00 am Secretary of State OCUMENT # P97000002902 02-04-2000 90044 007 ***150.00 CORDOVA ORTHOPEDIC ASSOCIATES, P.A. Principal Place of Business Mailing Address REPORT BOULEVARD 5120 BAYOU BOULEVARD 00016894 SUITE 2 ENSACOLA FL 32503 PENSACOLA FL 32503-2135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3417150 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAPPAN, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 5120 BAYOU BOULEVARD SUITE 2 PENSACOLA FL 32503 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 , Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change Delete TITLE NAME TAPPAN, DOUGLAS AME STREET ADDRESS TREET ADDRESS 5120 BAYOU BOULEVARD STE 2 ITY-ST-ZIP CITY-ST-7/P PENSACOLA FL 32503 ☐ Change Delete Addition IAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Change Addition Defete TITLE NAME AME STREET ADDRESS TREET ADDRESS HY-ST-7IP CITY-ST-7IP ☐ Change Delete TITLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Change ☐ Delete TLE TITLE NAME AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP HTY-ST-ZIP ☐ Change TILE Delete TITLE IAME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP 3. Thereby 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 suppliemental 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 discription 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

of the corporation or the receiver or trustee empowered to execute and trial as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOUX LOS (CM) DOUGL AS IGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

PRAV 1/18/

Daytime Phone #