# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2003 8:00 am**
**Secretary of State**

4/2

04-23-2003 90164 005 ***150.00

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DOCUMENT # P97000006066

1. Entity Name
SOUTHERN ORTHOPAEDIC NETWORK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1075 MASON AVE<br>DAYTONA BEACH FL 32117-4611 | 1075 MASON AVE<br>DAYTONA BEACH FL 32117-4611 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3425767 — 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 |
|---|---|
| DANIELS, ALAN H<br>800 NORTH MAGNOLIA AVE<br>SUITE 1500<br>ORLANDO FL 32803 | Name: Mark C. Gillespy<br>Street Address (P.O. Box Number Is Not Acceptable): 1075 Mason Ave.<br>City: Daytona Beach, FL Zip Code: 32117 |

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. I am familiar with, and accept the obligations of [redacted]

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GILLESPY, MARK<br>1075 MASON AVE<br>DAYTONA BCH FL 32117<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GAINES, RICHARD K<br>311 N CLYDE MORRIS BLVD SUITE 480<br>DAYTONA BEACH FL 32114<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** REQUIRED Mark C. Gillespy, M.D. 4/21/03 (386) 255-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)