

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000016169**

1. Entity Name

**CORAL SPRINGS SPORTS MEDICINE, INC.**

Principal Place of Business

**1710 UNIVERISTY DRIVE  
CORAL SPRINGS FL 33071**

Mailing Address

**1710 UNIVERISTY DRIVE  
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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	<b>D HAIMES, JEFFREY MD 1710 UNIVERISTY DRIVE CORAL SPRINGS FL 33071</b>	<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
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
<b>600006264446--7 -07/09/02--01010--009 ****150.00 ****150.00</b>	
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
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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**13/11/22 (954) 753-3629**

FILED

02 JUN 28 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Jeffrey Haimes M.D.  
1710 University Dr.  
Coral Springs, Fl. 33071

Help Please!

Attachment  
Document #  
P97000016169

Re: Coral Springs Orthopedics Inc. 65-0561270  
Coral Springs Sports Medicine Inc. 65-0745052  
Coral Springs Adult and Pediatric Orthopedics Inc. 65-0538362 --

Dear Division of Corporations,

The 3 companies are inactive and have never made a dime. I originally got the names when medicine was better. I now have 4 children. One who was neglected and we adopted after my wife was a Guardian Ad litem for many years. I do all of my paper work on our dinning table and my wife was sick of the papers so she put them in a rubbermaid box. I found the papers on the bottom when looking for something else and realized that they were late. Please allow me to pay \$150 for each corporation! I have more than enough expenses with malpractice premiums and decreased reimbursements. I hope to activate one of the corporations and have another doctor join me so I can meet my expenses. I won't send them in late again! If you will not allow \$150 for each than let me know and send the checks back and I will have to ~~deactivate~~ <sup>cancel</sup> at least 2 corporations because I can't pay \$550 x3. **Please help me! Sorry!**

Sincerely yours,

Jeffrey T. Haimes, M.D.

*J Haimes M.D.*