

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072322

1. Entity Name

MUSCULOSKELETAL MANAGEMENT SERVICES ORGANIZATION

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90420 028 \*\*\*150.00

Principal Place of Business

Mailing Address

6015 POINTE W BLVD  
BRADENTON FL 34209  
US

6015 POINTE W BLVD  
BRADENTON FL 34209-5532  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0785286

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WALTERS, CLIFFORD L  
802 11 STREET WEST  
BRADENTON FL 34205

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 P  
NAME OBREGON, ROBERT S  
STREET ADDRESS 2010 59TH ST WEST, SUITE 4400  
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE P  
NAME Tray Tally  
STREET ADDRESS 6015 Pointe West Blvd.  
CITY-ST-ZIP Bradenton, FL. 34209 ☐ Change ☒ Addition

TITLE VP  
NAME SILBEY, MARK B  
STREET ADDRESS 6015 POINTE WEST BLVD  
CITY-ST-ZIP BRANDENTON FL 34209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME TALLY, PHILIP W  
STREET ADDRESS 6015 POINTE WEST BLVD  
CITY-ST-ZIP BRANDENTON FL 34209 ☐ Delete

TITLE VP  
NAME Tally, Phillip W  
STREET ADDRESS 6015 Pointe West Blvd.  
CITY-ST-ZIP Bradenton, FL. 34209 ☒ Change ☐ Addition

TITLE P  
NAME OBREGON, ROBERT S  
STREET ADDRESS 6015 POINTE WEST BLVD  
CITY-ST-ZIP BRANDENTON FL 34209 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE T  
NAME Valadie Alan  
STREET ADDRESS 6015 Pointe West Blvd.  
CITY-ST-ZIP Bradenton, FL. 34209 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE S  
NAME Shortt James  
STREET ADDRESS 6015 Pointe West Blvd.  
CITY-ST-ZIP Bradenton, FL. 34209 ☐ Change ☒ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 04/12/00 (41) 782-0200 x 1155

CR2E034 (9/99)