## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7421 NORTH UNIVERSITY DRIVE

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Name

City

## DOCUMENT # **P97000101263**

Country

PORTH, JACQUELINE J

TAMARAC FL 33321

SUITE 107

(See criteria on back)

7421 NORTH UNIVERSITY DR

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

PORTH, MANUEL

TAMARAC FL 33321

**BOORSTEIN, AARON** 

TAMARAC FL 33321

Zip

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIE

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

NAME

CITY-ST-ZIP

Principal Place of Business 7421 NORTH UNIVERSITY DRIVE

## COMMUNITY ORTHOPEDICS & CENTER FOR JOINT REPLACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

7421 NORTH UNIVERSITY DR. STE 107

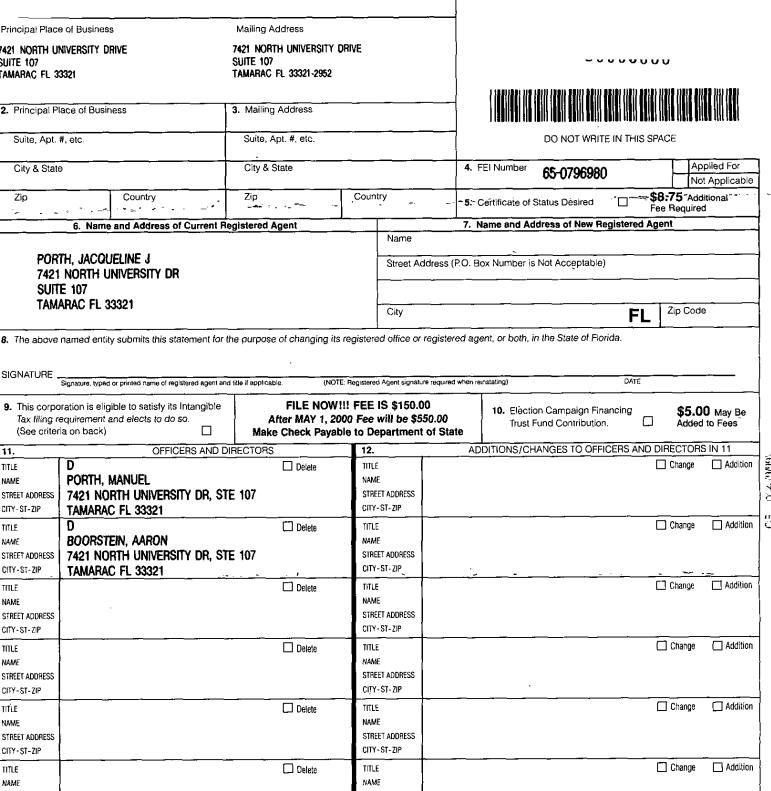
7421 NORTH UNIVERSITY DR. STE 107

OFFICERS AND DIRECTORS

SUITE 107 SUITE 107 TAMARAC FL 33321-2952 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

## FILED Jan 22, 2000 8:00 am **Secretary of State**

01-22-2000 90011 035 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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 it 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:

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #