

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000064219**1. Entity Name
CELEBRATION ORTHOPEDIC AND SPORTS MEDICINE INSTITUTE,
P.A.

Principal Place of Business

400 CELEBRATION PLACE

CELEBRATION

FL

34747

Mailing Address

400 CELEBRATION PLACE

B220

CELEBRATION

FL

34747

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

400 CELEBRATION PLACE

Suite, Apt. #, etc.

A230

City & State

City & State

CELEBRATION

FL

Zip

Country

Zip

Country

34747

4. FEI Number

59-3523727

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEEKIN JAMES FJR
215 N EOLA DRORLANDO FL
32801 US

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)

04/28/2001

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, 2001 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 VT ☐ Delete
NAME PALUMBO ROBERT
STREET ADDRESS 400 CELEBRATION PLACE, #B220
CITY-ST-ZIP CELEBRATION FL 34747TITLE PS ☐ Delete
NAME DORE DAVID D
STREET ADDRESS 1507 THE OAKS DRIVE
CITY-ST-ZIP MAITLAND FL 32751TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VT ☒ Change ☐ Addition
NAME PALUMBO ROBERT
STREET ADDRESS 400 CELEBRATION PLACE, #A230
CITY-ST-ZIP CELEBRATION FL 34747TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: David D. Dore

PS

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)