

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90054 003 \*\*\*150.00

**DOCUMENT # P98000071097**

1. Entity Name

**GULFCOAST ORTHOPAEDIC CENTER, PA**



Principal Place of Business

**6577 SUPERIOR AVENUE  
SARASOTA FL 34231**

Mailing Address

**6577 SUPERIOR AVENUE  
SARASOTA FL 34231**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**4937 Clark Rd**

3. Mailing Address

**P.O. Box 21689**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

Zip

**34233**

Country

Zip

**34276**

Country

4. FEI Number

**59-3534937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ASKINS, ROLAND VANCE III, MD  
6577 SUPERIOR AVENUE  
SARASOTA FL 34231**

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. I am familiar with, and accept the obligations of registered agent.

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

TITLE **P** ☐ Delete  
NAME **ASKINS, ROLAND V III MD**  
STREET ADDRESS **6677 SUPERIOR AVE**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VP** ☐ Delete  
NAME **SCHOFIELD, BRIAN**  
STREET ADDRESS **6577 SUPERIOR AVENUE**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **S** ☐ Delete  
NAME **HAND, JOHN D**  
STREET ADDRESS **6577 SUPERIOR AVENUE**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4937 Clark Rd**  
CITY-ST-ZIP **Sarasota, FL 34233**

TITLE ☒ Change ☐ Addition  
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STREET ADDRESS **4937 Clark Rd**  
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CITY-ST-ZIP

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

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/9/03**

CR2E034 (10/02)