

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0022834 AV

04-15-2002 90061 014 ***150.00

DOCUMENT # P99000104404

1. Entity Name
HIGHLAND ORTHOPEDICS & SPORTS MEDICINE, P.A.

Principal Place of Business
**4555-100 EMERSON ST.
 JACKSONVILLE FL 32207**

Mailing Address
**4555-100 EMERSON ST.
 JACKSONVILLE FL 32207**



2. Principal Place of Business
4203 BELFORT RD

3. Mailing Address
4203 BELFORT RD

Suite, Apt. #, etc.

SUITE 315

Suite, Apt. #, etc.

SUITE 315

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

4. FEI Number

59-3607584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KOPACH, KATHLEEN
 4555-100 EMERSON ST.
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4203 BELFORT RD

SUITE 315

City

JACKSONVILLE FL

FL

Zip Code

32216

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

Kathleen Kopach

KATHLEEN KOPACH 3/28/02

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	D	<input type="checkbox"/> Delete
NAME	PERRY, JAMES M	
STREET ADDRESS	7560 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32802	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPACH, KATHLEEN	
STREET ADDRESS	7560 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James Perry **JAMES PERRY**

3/28/02

904-296-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)