

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90099 023 \*\*\*150.00

**DOCUMENT # P99000110356**

1. Entity Name  
**COLLIER SPORTS MEDICINE AND ORTHOPAEDIC CENTER,  
P.A.**



Principal Place of Business  
**11181 HEALTH PARK BLVD., SUITE 2220  
NAPLES FL 34110**

Mailing Address  
**11181 HEALTH PARK BLVD., SUITE 2220  
NAPLES FL 34110**

2. Principal Place of Business  
**1706 Medical Blvd  
Suite, Apt. #, etc.  
#201**

3. Mailing Address  
**1706 Medical Blvd  
Suite, Apt. #, etc.  
#201**

City & State  
**Naples, FL**  
Zip  
**34110** Country  
**USA**

City & State  
**Naples, FL**  
Zip  
**34110** Country  
**USA**

4. FEI Number **59-3667541**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**GUERRA, JAMES J MD  
11181 HEALTH PARK BLVD., SUITE 2220  
NAPLES FL 34110**

## 7. Name and Address of New Registered Agent

Name **James J. Guerra, MD**  
Street Address (P.O. Box Number is Not Acceptable)  
**1706 Medical Blvd #201**  
City **Naples** FL Zip Code **34110**

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)

**1/20/03**  
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 **GUERRA, JAMES J**  
STREET ADDRESS **735 BENTWATER CIRCLE**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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  
CITY-ST-ZIP

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

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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, written or other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03**  
Date

Daytime Phone #

CR2E034 (10/02)