

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90243 001 ***150.00
 05-05-2002 90243 002 *****8.75

DOCUMENT # S55162

1. Entity Name

**ARTHRITIS & OSTEOPOROSIS CENTER OF NORTH FLORIDA
 , P.A.**

Principal Place of Business

**6440 W. NEWBERRY RD.
 SUITE 106
 GAINESVILLE FL 32605
 US**

Mailing Address

**6440 W. NEWBERRY RD.
 SUITE 106
 GAINESVILLE FL 32605
 US**

2. Principal Place of Business

4965 NW 8th Ave

3. Mailing Address

4965 NW 8th Ave.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32605

Country

US

Zip

32605

Country

U.S.

4. FEI Number

59-3065000

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LLOYD, THOMAS MARK
 6315 NW 56TH LANE
 GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name **Donald W. Scott**

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

4965 NW 8th Ave, Suite A

City

Gainesville

FL

Zip Code

32605

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)

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** ☐ Delete
 NAME **SCOTT, DONALD W**
 STREET ADDRESS **10000 SW 53RD AVE.**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ Delete
 NAME **LONGLEY, SELDEN III**
 STREET ADDRESS **6440 W. NEWBERRY RD. #106**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Delete
 NAME **LLOYD, T. MARK SR.**
 STREET ADDRESS **6440 W. NEWBERRY RD. #106**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Delete
 NAME **YANCEY, W. BRUCE JR.**
 STREET ADDRESS **6440 W. NEWBERRY RD. #106**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Scott, Donald W**
 STREET ADDRESS **4965 NW 8th Ave., Suite A**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Longley, Selden III**
 STREET ADDRESS **4965 NW 8th Ave, Suite A**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Lloyd, T. Mark Sr.**
 STREET ADDRESS **4965 NW 8th Ave, Suite A**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Yancey, W. Bruce Jr.**
 STREET ADDRESS **4965 NW 8th Ave, Suite A**
 CITY-ST-ZIP **Gainesville, FL 32605**

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

TITLE ☐ 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:

SIGNATURE REQUIRED 1/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)