

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S90944**

1. Entity Name

TURNER ORTHOPAEDICS, P.A.



Principal Place of Business

**1751 MOUND STREET
STE 204
SARASOTA FL 34236
US**

Mailing Address

**PMB 133, 4025 CATTLEMAN ROAD
SARASOTA FL 34244-
US**

2. Principal Place of Business

**2401 University Pkwy.
Suite, Apt. #, etc.
201**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota, FL 34243

City & State

Zip

34243

Country

USA

Zip

34233

Country

4. FEI Number

65-0303731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, FRED
1751 MOUND STREET
STE 204
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Fred Turner

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

2401 University Pkwy.

#201

City

Sarasota

FL

Zip Code

34243

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 re-registering)

DATE

Fred Turner MD **2/21/03**

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 **TURNER, FRED J**
STREET ADDRESS **7184 JAVA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Turner MD **2/21/03**

Date

Daytime Phone #

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90118 023 ***150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)