

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90123 019 ***150.00

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1. Entity Name
SOUTH FLORIDA ORTHOPAEDICS & SPORTS MEDICINE, P. A.

Principal Place of Business
**509 RIVERSIDE DR
SUITE 302
STUART FL 34994
US**

Mailing Address
**509 RIVERSIDE DR
SUITE 302
STUART FL 34994
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0311858**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COEL, MARK A
WESTON CORP. CENTRE II
2700 SOUTH COMMERCE PKWY., STE 305
WESTON FL 33331**

Name
Street Address (P.O. Box Number is Not Acceptable)
33 S.E. 8th Street #400
City **Weston** FL Zip Code **32432**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD ANSPACH, W.E. III M.D.**
STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**
CITY-ST-ZIP **STUART FL 34994**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD CARLSON, W.E. M.D.**
STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**
CITY-ST-ZIP **STUART FL 34994**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD DESMAN, SCOTT M.D.**
STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**
CITY-ST-ZIP **STUART FL 34994**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HAAS, GEORGE M.D.**
STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**
CITY-ST-ZIP **STUART FL 34994**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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 a photocopy, with all other like empowered.

SIGNATURE: _____

WALTER W. REQUIB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 **(772) 223-5980**
Date Daytime Phone #

8006000

CR2E034 (10/02)