2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # Z00338

1. Entity Name
TALLAHASSEE ORTHOPEDIC CENTER, L.C.

Principal Place of Business	Mailing Address
3334 CAPITAL MEDICAL BOULEVARD SUITE 400 TALLAHASSEE FL 32308	C/O THOMAS W. LAGER, ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301-2730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		3334 CAPITAL MEDICAL BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 400	
City & State		City & State TALLAHASSEE FL	
Zip	Country	Zip 32301	Country

4. FEI Number 59-3062109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAGER, THOMAS W ESQ. 354 OFFICE PLAZA TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANEY, TOM C M.D. 3334 CAPITAL MEDICAL BOULEVARD, SUITE 400 TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900003208159--9 -04/13/00--01122--001 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)