

2001 UNIFORM BUSINESS REPORT (UBR)

0003470 AF

DOCUMENT # Z00338

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

FILED

01 MAR 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3334 CAPITAL MEDICAL BOULEVARD
SUITE 400
TALLAHASSEE FL 32308

Mailing Address
3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3062109

Applied For
Not Applicable

Zip

Country

Zip

Country

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 KELBY HECHT CPA
Street Address (P.O. Box Number is Not Acceptable) 3334 CAPITAL MEDICAL BLVD
SUITE 400
City TALLAHASSEE FL Zip Code 32308

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 Kelby Hecht CPA

3/13/01

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

700003891367--2
-03/21/01--01112--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME HANEY, TOM C M.D.
STREET ADDRESS 3334 CAPITAL MEDICAL BOULEVARD, SUITE 400
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)