

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:02

DOCUMENT # 575577 (2)
1. Corporation Name
ORTHOPEDIC MEDICAL GROUP OF TAMPA BAY, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
615 VONDERBERG DRIVE 615 VONDERBERG DRIVE
BRANDON FL 33511 BRANDON FL 33511

3. Date Incorporated or Qualified 06/13/1978 3a. Date of Last Report 03/16/1994
4. FEI Number 59-1830246 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RIMX STEVENX XX
R15XVONDERBERGX
BRANDONFL33511X

10. Name and Address of New Registered Agent
81 Name Stuart A. Goldsmith, M.D.
82 Street Address (P.O. Box Number is Not Acceptable) 615 Vonderberg Dr
83
84 City Brandon FL 85 Zip Code 33511

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Stuart A. Goldsmith, M.D. DATE 02-02-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FIELD, STEVEN A. DELETE
STREET ADDRESS	7321 CRILLWOOD VILLAGE DR.
CITY-ST-ZIP	TAMPA FL
TITLE	VST
NAME	GOLDSMITH, STUART A.
STREET ADDRESS	10909 THERESA ARBOR DR
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stuart A. Goldsmith, M.D.
1.3 STREET ADDRESS	16307 Millan de Avila
1.4 CITY-ST-ZIP	Tampa, FL 33613
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment to this return.

SIGNATURE: [Signature] DATE: 2/2/95
Signature and typed or printed name of signing officer or director