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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 JAN 18 AM 8:55

DOCUMENT # **600814** **(8)**

1. Corporation Name

~~O'CONNOR, SULLIVAN, SLOMKA & WARREN, M.D., P.A.~~
Tampa Bay Orthopaedic Specialists, P.A.

Principal Place of Business	Mailing Address
4000 PARK ST N ST PETERSBURG FL 33709	4000 PARK ST N ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1969**
3a. Date of Last Report: **01/24/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-1231742** ☐ 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 unemployment tax under S. 443.036, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON,WILLIAM L.
FLORIDA FEDERAL TOWER
360 CENTRAL AVE, PO BOX 3542
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and date of signature) (If not, Registered Agent signature required when box checked) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR,DERMOT J.	2 NAME	
STREET ADDRESS	4000 PARK ST. N.	3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	4 CITY ST ZIP	
TITLE	DTS	5 TITLE	☐ Change ☐ Addition
NAME	SLOMKA,MICHAEL D.	6 NAME	
STREET ADDRESS	4000 PARK ST. NORTH	7 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	8 CITY ST ZIP	
TITLE	V	9 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN,DONALD C.	10 NAME	
STREET ADDRESS	4000 PARK ST. N.	11 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	12 CITY ST ZIP	
TITLE	DV	13 TITLE	☐ Change ☐ Addition
NAME	WARREN, STEVEN B	14 NAME	
STREET ADDRESS	4000 PARK ST. N.	15 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	16 CITY ST ZIP	
TITLE	V	17 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, PHILIP A	18 NAME	
STREET ADDRESS	4000 PARK ST. N.	19 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	20 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I have not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 with an address.

SIGNATURE: Dermot J. O'Connor M.D. 01/12/95 (813) 347-1286
(Signature and typed or printed name of individual) (Date) (Daytime phone number)
Dermot J. O'Connor, M.D., President/Director

0300622 CP