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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
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 33709-4034

3. Date Incorporated or Qualified: **01/31/1969**
3a. Date of Last Report: **03/29/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON,WILLIAM L.
~~FLORIDA FEDERAL TOWER~~ ADDRESS CHANGE
~~800 CENTRAL AVE,~~ PO BOX 3542
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: JOHNSON, WILLIAM L
82 Street Address (P.O. Box Number is Not Acceptable): BARNETT TOWER
83: ONE PROGRESS PLAZA SUITE 1600
84 City: ~~200 CENTRAL AVENUE- PO BOX 3542~~ ST PETERSBURG FL — 85 Zip Code: 33701

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR,DERMOT J.		1.2 NAME	
STREET ADDRESS	4000 PARK ST. N.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	DTS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SLOMKA,MICHAEL D.		2.2 NAME	
STREET ADDRESS	4000 PARK ST. NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN,DONALD C.		3.2 NAME	
STREET ADDRESS	4000 PARK ST. N.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, STEVEN B		4.2 NAME	
STREET ADDRESS	4000 PARK ST. N.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, PHILIP A		5.2 NAME	
STREET ADDRESS	4000 PARK ST. N.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, MARC J.		6.2 NAME	
STREET ADDRESS	4000 Park St. No.		6.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, Fl		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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 O'Connor 1/10/97 (813) 347-1886
Dermot J. O'Connor, M.D., President/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376396