FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

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	
0. / 2.12.1000110 1 2 00101	01 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DO NOT WRIT
		Date Incorporated or Qualified
		01/31/1969
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	59-1231742
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

			U1/31/1969					
Principal Place of Business 2a. Mailing Address				4. FEI Number	/	· LA	pplied For	
21		26			59-1231742		N	lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	~	\$8.75	Additional
22		27			5. Certificate of Status Desired	Ш	Fee R	lequired
City & State City & State				6. Election Campaign Financing	,	\$5.00) May Be	
23		28		ļ	Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes or has	paid the cur	rext vear Ir	rtangible :
24	25	29	30		Personal Property Tax due Ju			□ No
	9. Name and Address of Curren		7		10. Name and Address of New			
01 1000 170 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							-	
JOHNSON,WILLIAM L. BARNETT∢OWER ONE PROGRESS PLAZA STE 1600			<u> </u>	-51	DNONN, WILL	1/1/1/ 2	<u>:-</u>	
			82	Street Addres	is No. Box Number is Not Affect	lable)	Sui	to 200
	O CENTRAD AVEP.O. BOX 3542	APPRESS - Chance	-> 83	709	CIVILITY OF VI	AUC	_ Y	1000
SI.	. PETER86UR&FL 33701	1////		TIPA	אמונות להמנונת א	2		
		LAANLE	84	City	Troppy 1 to the		85 Zig	Cade
		//-		21 1	CIERDONER	<u>FL</u>		<i>9901</i>
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statutes	s, the above-r	named corpor	ation submits this statement for th	e purpose of	changing	its registered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	or Florida, Such change was au itions of, Section 607,0505, Flor	ida Statutes.	ie corporation	is board or directors. I hereby act	sept me app	Jinanena as	s registered
	• • • •	,						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME	O'CONNOR.DERMOT J.		1.2 NAME	ł				
STREET ADDRESS	4000 PARK ST. N.		1.3 STREET AD	DRESS				
	ST. PETERSBURG FL			- 1				
CITY-ST-ZIP TITLE	DTS	DELETE	1.4 CITY - ST - Z 2.1 TITLE	LIP			Change	Addition
-	W - V						Orlange	L TOURION
NAME	SLOMKA,MICHAEL D.		2.2 NAME					
STREET ADDRESS	4000 PARK ST. NORTH		2.3 STREET AD	ORESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-ST-	ZIP				
TITLE	V	☐ DELETE	3,1 TITLE	ļ			☐ Change	Addition
NAME	SULLIVAN,DONALD C.		3.2 NAME					
STREET ADDRESS	4000 PARK ST. N.		3.3 STREET AD	DRESS				
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 AD	DRESS				\
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY - ST - 2					
TITLE	V	☐ DELETE	5.1 TITLE	46			Change	Addition
NAME	DAVIDSON, PHILIP A	- Value (a	5.2 NAME					
-	4000 PARK ST. N.			20700				
STREET ADDRESS		_	5 3 STREET AD	·				ł
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-Z	IP			Chan-	Addition
TITLE	V	DELETE	6.1 TITLE				LI Change	[Addition
NAME	LEVINE, MARC J.		6.2 NAME					
STREET ADDRESS	4000 PARK ST. NO.		6.3 STREET AD	DRESS [
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY - ST - Z					
14. I hereby c	certify that the information supplied wit	h this filing does not qualify for	the exemption	n stated in Se	ection 119.07(3)(i), Fiorida Statutes	. I further cer	tify that the	e 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.								