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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF REVENUE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600814

1. Corporation Name

TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.

Principal Place of Business

4000 Park Street North
St. Petersburg, FL 33709

Mailing Address

4000 Park Street North
St. Petersburg, FL 33709

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

Johnson, William L.
424 Central Avenue Suite 200
First Union Tower
St. Petersburg, FL 33701

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 607.1505, Florida Statutes, the above named corporation certifies the following 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. The filer certifies the appointment of 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, if applicable

Signature typed or printed name of registered agent, if applicable

(S)

12. OFFICERS AND DIRECTORS

() DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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13.

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

() Change () Addition

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****158.75 ****158.75

() Change () Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 135.04(4), 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 prepare this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dermot J. O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dermot J. O'Connor, M.D. President

3/16/99

(727) 347-1286

File

Daytime Phone

CR2E034 (11/98)