


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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603127 (2)
1. Corporation Name
FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Principal Place of Business 740 WEST PLYMOUTH AVE. DELAND FL 32720	Mailing Address 740 WEST PLYMOUTH AVE. DELAND FL 32720
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1971	
4. FEI Number 59-1361697		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
7. \$5.00 May Be Added to Fees					

9. Name and Address of Current Registered Agent GRIFFIN JR, TAYLOR W. 740 WEST PLYMOUTH AVE. DELAND FL 32720				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
FL				B5 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, ROYCE E. JR. M	1.2 NAME	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTER, RICHARD H. M	2.2 NAME	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLMANN, MARK W	3.2 NAME	
STREET ADDRESS	740 W PLYMOUTH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, TAYLOR W. JR. M	4.2 NAME	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP
STREET ADDRESS		5.3 STREET ADDRESS	REED, STEPHEN M.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	740 WEST PLYMOUTH AVENUE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DELAND, FL
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 supplementary 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 _____ 1/2/98 407-589-597

CR2E034 (10/97)