

AMENDED

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR -2 AM 8:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

400002465294--9

-03/23/98--01101--006

*****35.00 *****35.00

DOCUMENT # F28429

MIAMI ORTHOPAEDIC & SPORTS MEDICINE SPECIALISTS, P.A.

Principal Place of Business: 7867 North Kendall Dr. Suite 100 Miami, Florida 33156

3. Date Incorporated or Qualified April 1, 1981

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25

4. FEI Number: 59-2076297 Applied For: Not Applicable 5. Certificate of Status Desired: \$8.75 Additional Fee Required 6. Election Campaign Financing: \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: JOSEPH B. ZAGORSKI, M.D. 7867 North Kendall Drive Suite 100 Miami, Florida 33156

10. Name and Address of New Registered Agent: 81 Name: 400002465294--9 82 Street Address: 83 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 title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS: D/P Joseph B. Zagorski, M.D. D/S/T Joel H. Schenkman, M.D.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: D/P Joseph B. Zagorski, M.D. D/VP/T Joel H. Schenkman, M.D. D/S Joseph Fernandez, M.D.

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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-98 (305) 598-7777

CR2E034 (10/97)