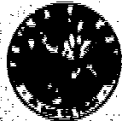


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 24 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K09827 (2)**

1. Corporation Name

**TALLAHASSEE ORTHOPEDIC CLINIC, P.A.**

Principal Place of Business

Mailing Address

**C/O ROSTER PIERCE  
227 S. CALHOUN ST.  
TALLAHASSEE FL 32301-1805**

**C/O ROSTER PIERCE  
227 S. CALHOUN ST.  
TALLAHASSEE FL 32301-1805**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1988** 3a. Date of Last Report **06/16/1994**

4. FEI Number **59-2866537** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEHMAN, LARRY W.  
3334 CAPITAL MEDICA BLVD., SUITE 400  
227 S CALHOUN ST  
TALLAHASSEE FL 32308**

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 607.1508, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**  
NAME **HANEY, TOM C.**  
STREET ADDRESS **3333 CAPITAL OAKS DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **3334 Capital Medical Blvd, Suite 400**  
1.4 CITY-ST-ZIP **Tallahassee FL 32308**

TITLE **PD**  
NAME **HENDERSON, W. D., JR.**  
STREET ADDRESS **3333 CAPITAL OAKS DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **3334 Capital Medical Blvd, Suite 400**  
2.4 CITY-ST-ZIP

TITLE **SD**  
NAME **SCHMIDT, TIM T.**  
STREET ADDRESS **3333 CAPITAL OAKS DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **3334 Capital Medical Blvd, Suite 400**  
3.4 CITY-ST-ZIP

TITLE **TD**  
NAME **THORNBERY, ROBERT L.**  
STREET ADDRESS **3333 CAPITAL OAKS DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **3334 Capital Medical Blvd, Suite 400**  
4.4 CITY-ST-ZIP

TITLE **VD**  
NAME **WINGO, CHARLES H. (2ND)**  
STREET ADDRESS **3333 CAPITAL OAKS DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **3334 Capital Medical Blvd, Suite 400**  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 liquidator 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 AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tom C. Haney*

4-19-95