

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K09827 (2)**

1. Corporation Name

TALLAHASSEE ORTHOPEDIC CLINIC, P.A.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified **01/01/1988** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Thomas W. Lager, Esq.**

26 **Thomas W. Lager, Esq.**

4. FEI Number

59-2866537

Applied For

Not Applicable

22 **354 Office Plaza**

27 **354 Office Plaza**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **Tallahassee, FL**

28 **Tallahassee, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **32301** Country

29 Zip **32301** Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAGER, THOMAS W ESQ.
354 OFFICE PLAZA
TALLAHASSEE FL 32301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** DELETE
NAME **HANEY, TOM C.**
STREET ADDRESS **3334 CAPITAL MEDICAL BLVD, SUITE 400**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **Donald M. Dewey, M.D.** Change Addition
1.2 NAME
1.3 STREET ADDRESS **3334 Capital Medical Blvd., Ste. 400**
1.4 CITY-ST-ZIP **Tallahassee, FL 32308 SD**

TITLE **PD** DELETE
NAME **HENDERSON, W. D., JR.**
STREET ADDRESS **3334 CAPITAL MEDICAL BLVD, SUITE 400**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE **Kris D. Stowers, M.D.** Change Addition
2.2 NAME
2.3 STREET ADDRESS **3334 Capital Medical Blvd., Ste. 400**
2.4 CITY-ST-ZIP **Tallahassee, FL 32308 D**

TITLE **SD** DELETE
NAME **SCHMIDT, TIM T.**
STREET ADDRESS **3334 CAPITAL MEDICAL BLVD, SUITE 400**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE **Steve F. Jordan** Change Addition
3.2 NAME
3.3 STREET ADDRESS **3334 Capital Medical Blvd., Ste. 400**
3.4 CITY-ST-ZIP **Tallahassee, FL 32308 D**

TITLE **TD** DELETE
NAME **THORNBERRY, ROBERT L.**
STREET ADDRESS **3334 CAPITAL MEDICAL BLVD., SUITE 400**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE **Gregg A. Alexander, M.D.** Change Addition
4.2 NAME
4.3 STREET ADDRESS **3334 Capital Medical Blvd., Ste. 400**
4.4 CITY-ST-ZIP **Tallahassee, FL 32308 D**

TITLE **VD** DELETE
NAME **WINGO, CHARLES H. (2ND)**
STREET ADDRESS **3334 CAPITAL MEDICAL BLVD., SUITE 400**
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE **J. Rick Lyon, M.D.** Change Addition
5.2 NAME
5.3 STREET ADDRESS **3334 Capital Medical Blvd., Ste. 400**
5.4 CITY-ST-ZIP **Tallahassee, FL 32308 D**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **Mark E. Fahey, M.D.** Change Addition
6.2 NAME
6.3 STREET ADDRESS **3334 Capital Medical Blvd., Ste. 400**
6.4 CITY-ST-ZIP **Tallahassee, FL 32308 D**

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 119.09(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/96 904/877-8174
Date Daytime Phone #

CR2E034 (12/95)

13. Additions to Officers and Directors:

D

D. Christian Berg, M.D.
3334 Capital Medical Boulevard, Ste. 400
Tallahassee, FL 32308

D

Billy C. Weinstein, M.D.
3334 Capital Medical Boulevard, Ste. 400
Tallahassee, FL 32308

D

Richard E. Blackburn, M.D.
3334 Capital Medical Boulevard, Ste. 400
Tallahassee, FL 32308