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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000010759 (6)

1. Corporation Name

BLUEWATER ORTHOPEDICS, P.A.

Principal Place of Business

4400 HWY. 20 EAST
SUITE 511
NICEVILLE FL 32578

Mailing Address

4400 HWY. 20 EAST
SUITE 511
NICEVILLE FL 32578



2. Principal Place of Business

21 Subj. Apt. #, etc.

22 City & State

23 Zip County

2a. Mailing Address

26 Subj. Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FOX, THOMAS M D.O.
4400 HWY. 20 EAST
SUITE 511
NICEVILLE FL 32578

81 Name

82 Street Address, P.O. Box Number, or Not Applicable

83

84 City

FL 85 Zip Code

11. Forasmuch as the provisions of Sections 602.02(2) and 602.03(1), Florida Statutes, require that a corporation submit the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such statement was authorized by the corporation's board of directors, whereby I, the undersigned, accept the appointment as registered agent, I am familiar with and accept the obligations of Sections 602.02(2) and 602.03(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME D FOX, THOMAS M D.O. [] DIRECTOR

2. STREET ADDRESS 4400 HWY. 20 EAST, STE. 511

3. CITY, ST, ZIP NICEVILLE FL 32578

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