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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010759 (6)

| BLUEWATER ORTHOPEDICS, P.A. Principal Frace of Business Mailing Address 4400 HWY, 20 EAST 4400 HWY, 20 EAST SUITE 511 | | | | | | | | | |
|--|--|--|--------------------------------------|--|---|--|---------------------------------------|-----------------------------|------------------------------|
| IUITE 511 IICEVILLE FL 3 | 2578 | | SUITE 511 NICEVILLE FL 32578-8782 | | | | | | |
| | | | | | | Date Incorporated or Qualif 02/09/1994 | | ate of Last F 03/1996 | Report |
| Principal Ela | ace of Business | 2a. Maifing Ac | Idress | | · | 4. FEI Number | 1 77 | | pplied For |
|] | | 26 | | | | 59-3228032 | | | ot Applicable |
| Suite. Apt # | #, 600 | Suite, Apt. | #. etc. | | | 5. Certificate of Status Desired | ; [] | * - | Additional |
| <u>l</u> | | 27 | | | | | | | equired |
| City & State | : | City & Stat | le | | | 6. Election Campaign Financin | ng 🗀 | | May Be |
| <u>ў</u> - Žф | Country | 28 Zip | | Count | ·v | Trust Fund Contribution 8. This corporation has liability | | | to Fees |
| | 25] | 29 | 1 | 30 | , | Florida Statutes | Yes | No | 5. 199.032, |
| <u></u> | 9. Name and Address of Curi | | | | | 10. Name and Address of New | | | |
| FOX, | THOMAS M D.O. | | | 8 | Name | | | | |
| 4400 | HWY. 20 EAST | | | 8: | Street Add | Iress (P.O. Box Number is Not Acce | eptable) | | |
| | E 511 | | | <u> </u> | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | |
| NICE | VILLE FL 32578 | | | B | 3 | | | | |
| | | | | 8 | City | | | 85 Zip | Code |
| | 4.00 | 01.00 - 1.007.4500 FI | TATE BETTA | | 1 | poration submits this statement for | FL | <u> </u> | |
| office air re | egestered agerd, or both, in the St in tarnitian with, and accept the ob- | iste of Florida. Such ch | sancia wae ai | thorized I | the corners | ation's board of directors. I hereby a | accept the app | pointment as | s registered |
| SIGNATURE | | | | | | | | | |
| and the second of the second o | | and the second s | | | | | | | |
| | Option to a society and administration of a possed | · · · · · · · · · · · · · · · · · · · | INOTE | | gent signature zequ | ired when reinstaring) | DATE | DIPECTO | DC (N) 12 |
| 2. | OFFICERS / | AND DIRECTORS | | 13. | | uired when reinstating) ADDITIONS/CHANGES TO C | | | |
| 2. | OFFICERS / | AND DIRECTORS | INOTE DELETE | 13. | | | | D DIRECTO | RS IN 12 |
| 2. III.è BAME | OFFICERS / D FOX, THOMAS M D.O. | AND DIRECTORS | | 13. 1 1 TITLE 1.2 NAM | | | | | |
| 2. ULE AME TRULLALOHESS | OFFICERS / | AND DIRECTORS | | 13. 1 1 TITLE 1.2 NAM | ET ADDRESS | | | | |
| IZ. UILE BAME STREET ALCHESS OTE STEAR | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | AND DIRECTORS | | 13. 1 1 TITLE 1.2 NAM 1.3 STRE | ET ADDRESS ST-ZIP | | | | |
| 2. HILÈ AME HELLI ALCHESS PTY ST ZIP HILE | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | AND DIRECTORS | DELETE | 13. 1 1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY | ET ADDRESS ST-ZIP | | | Change | Addilion |
| 2. III.E IAME IRELT ALCHESS ETC. ST. ZIP. III.E | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | AND DIRECTORS | DELETE | 13. 11 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM | ET ADDRESS ST-ZIP | | | Change | Addilion |
| 2. AME AME FRELLATIONESS OTY SLIZAP ILLE AME TREET ADDRESS INV-SLIZAP INV-SLIZAP | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | AND DIRECTORS D 511 | DELETE | 13. 1 1 TITLE 1.2 NAM! 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM! 2.3 STRE 2.4 CITY | ET ADDRESS .ST-ZIP | | | ☐ Change | Addition |
| 2. ILLE BAME BRALLALOMESS DET SL ZIP ILLE BAME BREET ACOSSIS BLY SL ZIP ILLE BLE BLE BLE BLE BLE BLE BL | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | AND DIRECTORS D 511 | DELETE | 13. 11 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | | | Change | Addilion |
| 2. ILLE BAME STRAIT ALCOMESS DET SI ZAP ILLE BAME TREET ACCOSS IS ILLE ILLE BAME BAME BAME | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | AND DIRECTORS D 511 | DELETE | 13. 11 TITLE 12 NAMI 13 STRE 14 CITY 21 TITLE 22 NAMI 23 STRE 2 4 CITY 31 TITLE 32 NAMI | ET ADDRESS -ST-ZIP | | | ☐ Change | Addition |
| 2. THE AME FROIT ALCIPENS TY ST ZIP THE AME THEET ADDRESS THY ST ZIP THEET AME THEET ADDRESS | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | AND DIRECTORS D 511 | DELETE | 13. 11 TITLE 12 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS | | | ☐ Change | Addition |
| 2. AME AME ARE LATORESS OTY ST ZIP THEET ADDESS ALLY THEET ADDESS THEET ADDESS | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | STIT | DELETE | 13. 11 TITLE 12 NAMI 13 STRE 14 CITY 21 TITLE 22 NAMI 23 STRE 2 4 CITY 31 TITLE 32 NAMI | ET ADDRESS ST. ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | | | ☐ Change | Addition |
| 2. ILLE BAME STRAIT ALCOHESS DET SI ZIP ILLE BAME TREET ACCESSS ILLY SI ZIP ILLE BAME THEEL ADDRAINS THEEL ADDRAINS ILLE THEEL ADDRAINS ILLE THEEL ADDRAINS ILLE ILLE THEEL ADDRAINS ILLE ILL | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | STIT | DELETE DELETE | 13. 11 TITLE 12 NAMI 1.3 STRE 1.4 CITY 21 TITLE 22 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 32 NAMI 3.3 STRE 3.4 CITY | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | | | Change Change | Addition Addition |
| 2. ILLE BAME STREET CALCIDENSS DETE SE ZEP ILLE BAME TREET ADDRESS JULY SE ZEP ILLE BAME TREET ADDRESS LITY SE ZEP ILLE BAME TREET ADDRESS LITY SE ZEP | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | STIT | DELETE DELETE | 13. 11 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | | | Change Change | Addition Addition |
| 2. LLE AMF IRELITATIONESS TY SLIZE THE AMM IRELITATIONESS INV. SLIZE THE AME THE THE THE THE THE THE AME AME THE AME AME | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | STIT | DELETE DELETE | 13. 11 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI | ET ADDRESS -ST-ZIP | | | Change Change | Addition Addition |
| 2. ILE SMMF IRELITATIONESS TY SELZIP THE SELZIP THE SELZIP THE SELZIP THE MARKET ADDRESS TY SELZIP THE SELZI | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | STI | DELETE DELETE | 13. 11 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE | ET ADDRESS -ST-ZIP | | | Change Change | Addition Addition |
| 2. ILE MMF FRELL ALCOPESS THE SLEZION LE MMP FREET ADDRESS TY SLEZION THE MMP THE THE THE THE THE THE THE TH | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | STI | DELETE DELETE DELETE | 13. 11 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY | ET ADDRESS -ST-ZIP | | | Change Change Change | Addition Addition Addition |
| 2. ILE AME FREIT ALCIDENS TY SEZION THE AME INVESTIGATE INVEST | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | STI | DELETE DELETE DELETE | 13. 11 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.2 NAMI 4.3 STRE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI | ET ADDRESS -ST-ZIP | | | Change Change Change | Addition Addition Addition |
| 2. THE AME TREET ALCOHESS TY SE ZIP THE AME THEET ADDRESS TY SE ZIP THE AME THEET ADDRESS TY SE ZIP THE THEET ADDRESS TY SE ZIP THE AME THEET ADDRESS THY SE ZIP THE AME TREET ADDRESS THY SE ZIP THE THEET ADDRESS THY SE ZIP THY SE ZIP THEET ADDRESS THY SE ZIP THY | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | 511 | DELETE DELETE DELETE | 13. 11 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | | | Change Change Change Change | Addition Addition Addition |
| E. ILE MMF RELLATIONESS TY STAR THE STAR MMF REET ADDRESS TY STAR MME | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | 511 | DELETE DELETE DELETE | 13. 11 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.1 TITL | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | | | Change Change Change | Addition Addition Addition |
| 2. LLE AME INGLEATIONESS TY SEZIO THE AMM INCELEATIONS ON THE AMM THEET ADDRESS TY SEZIO THE AMM INCELEATIONS ON THE AMM AMM INCELEATIONS ON THE AMM AMM AMM INCELEATIONS ON THE AMM AMM AMM INCELEATIONS ON THE AMM AMM AMM AMM INCELEATIONS ON THE AMM AMM AMM AMM AMM AMM AMM A | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | 511 | DELETE DELETE DELETE | 13. 1 1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP | | | Change Change Change Change | Addition Addition Addition |
| 2. ILE AME FREET ALCOHESS TY SE ZOC LE AME INVESTI ZOC THE THE THEET ALCOHESS THEET ALCOHES | D FOX, THOMAS M D.O. 4400 HWY. 20 EAST, STE. 9 | 511 | DELETE DELETE DELETE | 13. 1 1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM | ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP E ADDRESS -ST-ZIP E ADDRESS ST-ZIP ET ADDRESS ST-ZIP | | | Change Change Change Change | Addition Addition Addition |

SIGNATURE:

Thomas M. Fox

3/7/97 904-897-806/

FILED

Mar 12 1997 8:00am

Secretary of State

0491072