

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State

1996 *2-16-96* B-1202 CORPORATION *C*

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # **P95000013090 (2)**

1. Corporation Name

TOTAL ORTHOPAEDIC CARE, P.A.



Principal Place of Business

Mailing Address

4850 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERDALE LAKES FL 33313

4850 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERDALE LAKES FL 33313

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

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

29 Zip

Country

24

25

28

30

4. FEL Number

65-0557162

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAIJANPOUR, M A
4850 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERDALE LAKES FL 33313

President

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 | <input type="checkbox"/> DELETE |
| NAME | <i>Vice President</i> |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | <i>Secretary</i> |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | <i>Michael P Feagny MD</i> |
| 1.3 STREET ADDRESS | <i>4850 W. Oakland Park Blvd</i> |
| 1.4 CITY - ST - ZIP | <i>Lauderdale Lakes, FL 33313</i> |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | <i>DUFF L Gula</i> |
| 2.3 STREET ADDRESS | <i>4850 W. Oakland Park Blvd</i> |
| 2.4 CITY - ST - ZIP | <i>Lauderdale Lakes, FL 33313</i> |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | <i>J.M.M.</i> |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | <i>3-12-96</i> |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | <i>\$200.00 Deposited BY BANK</i> |
| 6.3 STREET ADDRESS | <i>2-16-96 J.M.M.</i> |
| 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 119.07(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 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:

M.A. Hajanpour MD

2-12-96

DATE

Daytime Phone #

CR2E034 (12/95)