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

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Suite, Apt. #, etc.

City & State

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Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 DOCUMENT # P95000072364 (9) KEY WEST ORTHOPAEDICS, P.A. Mailing Address Principal Place of Business 3428 N. ROOSEVELT BLVD. 3428 N. ROOSEVELT BLVD. KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0610560 Not Applicable

24 9. Name and Address of Current Registered Agent BOHATCH, JOHN S ESQ. RICHMAN, GUTTENMACHER, BOHATCH & FUERST,PA 19 WEST FLAAGLER STREET, 14TH FLOOR **MIAMI FL 33130**

Country

ountry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
7	10. Name and Address of New Registered Agent					
B1	Name					
B2	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City FL 85 Zip Code					

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FILED

Apr 06 1998 8:00am

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\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	(HOTE. II	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	CATANA, ROBERT D.O.		1.2 NAME			
STREET ADDRESS	3428 N. ROOSEVELT BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY- ST-ZIP			
TITLE		DELETE	3.1 TITLE	Change Addition		
NAME			: 3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 attachro