FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000088967 (1)**

1. Corporation Name
ORTHOPAEDIC SURGERY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1590 NW 10TH AVENUE STE 202 BOCA RATON FL 33486	1590 NW 10TH AVENUE STE 202 BOCA RATON FL 33486-1365

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report: 07/19/1996

2. Principal Place of Business
21: 1401 NW 9 AVE
22: Suite, Apt. #, etc.:
23: City & State: BOCA RATON FL
24: Zip: 33486 — 25: Country:

2a. Mailing Address
26: 1401 NW 9 AVE
27: Suite, Apt. #, etc.:
28: City & State: BOCA RATON FL
29: Zip: 33486 — 30: Country:

4. FEI Number: 65-0640914 ☐ 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

LAVENDER, JOEL R ESQ.
507 SE 11TH COURT
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	VAN HOUTEN, JOHN A MD		1.2 NAME		
STREET ADDRESS	1590 NW 10TH AVENUE STE 202		1.3 STREET ADDRESS	1401 NW 9 AVE	
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VAN HOUTEN, JOHN A MD		2.2 NAME		
STREET ADDRESS	1590 NW 10TH AVENUE STE 202		2.3 STREET ADDRESS	1401 NW 9 AVE	
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	EIDELSON, STEWART G M.D.		3.2 NAME		
STREET ADDRESS	1590 NW 10TH AVENUE STE 202		3.3 STREET ADDRESS	1401 NW 9 AVE	
CITY-ST-ZIP	BOCA RATON FL 33486		3.4 CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SHAPIRO, ERIC T M.D.		4.2 NAME		
STREET ADDRESS	1590 NW 10TH AVENUE STE 202		4.3 STREET ADDRESS	1401 NW 9 AVE	
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ZANN, ROBERT B., M.D.		5.2 NAME		
STREET ADDRESS	1590 NW 10TH AVENUE STE 202		5.3 STREET ADDRESS	1401 NW 9 AVE	
CITY-ST-ZIP	BOCA RATON FL 33486		5.4 CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 attachment with an address.

SIGNATURE: X _____ ROBERT B ZANN 4/29/97 561 395-5733