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FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000088967 (1)

1. Corporation Name

ORTHOPAEDIC SURGERY ASSOCIATES, INC.

Principal Place of Business

1401 NW 9TH AVE
BOCA RATON FL 33486
US

Mailing Address

1401 NW 9TH AVE
BOCA RATON FL 33486
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature type for persons other than the corporation (if applicable)

(NOTE: Disqualified Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
VAN HOUTEN, JOHN A MD
1401 NW 9TH AVE
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
VAN HOUTEN, JOHN A MD
1401 NW 9TH AVE
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
EIDELSON, STEWART G M.D.
1401 NW 9TH AVE
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
SHAPIRO, ERIC T M.D.
1401 NW 9TH AVE
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
ZANN, ROBERT B., M.D.
1401 NW 9TH AVE
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 new or other than the current officers and directors.

SIGNATURE

[Signature]

2-13-98
JOHN A. VAN HOUTEN 561-395-5733

CR2E034 (10/97)