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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800007738

ORTHOPAEDICS OF BREVARD, P.A.

FILED Feb 26, 1999 8:00 am Secretary of State

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24 001	9. Name and Ad	dress of Current			<u></u>				Name and Address of New R	legistered	Agent	
	<u></u>					81	Name					
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1900 S. HICKORY ST.					ŀ	82	Street A	Address (P.	ess (P.O. Box Number is Not Acceptable)			
MELBOURNE FL 32901					ŀ	83						
		•			ŀ	_						
					Γ	84	City			FL	85 Zip	Code
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office or i	registered agent, or b	ooth, in the State c	of Florida.	. Such change was au Section 607.0505, Flor	uthorized	by '	the corpo	ration's bo	ard of directors. I hereby accep	ot the appoi	ntment as re	egistered
SIGNATURE	Signature, typed or printed in	name of registered agent	and title if a	policable (NOTE	Registered	Agent	t sygnature re-	equired when re	einstating)	DATE		
12.	Signature, typed or printed i	OFFICERS AND		<u>'</u>	13.				ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12
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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(401) 459-3901 (H)

Daytime Phone #