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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 475428 (9)

1. Corporation Name

FORT WALTON ORTHOPEDIC, INC.



Principal Place of Business

28 PERRY AVENUE, S.E.  
FT WALTON BEACH FL 32548

Mailing Address

28 PERRY AVENUE, S.E.  
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified

05/08/1975

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKERT, RONALD A  
28 PERRY AVENUE, S.E.  
FT WALTON BCH, FL  
32548

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: RONALD A. DECKERT

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: VD  
DECKERT, RONALD A  
STREET ADDRESS: 28 PERRY AVENUE, S.E.  
CITY-STATE-ZIP: FT WALTON BCH, FL 00000

TITLE ☐ DELETE

NAME: D  
DECKERT, ROBERT P  
STREET ADDRESS: 918 POCAHONTUS  
CITY-STATE-ZIP: FT WALTON BCH, FL 00000

TITLE ☐ DELETE

NAME: DP  
DECKERT, FRANK L  
STREET ADDRESS: 11 WINDEMERE CT  
CITY-STATE-ZIP: FT WALTON BCH, FL 00000

TITLE ☐ DELETE

NAME: STD  
DECKERT, THOMAS  
STREET ADDRESS: 1 DOGWOOD DRIVE  
CITY-STATE-ZIP: SHALIMAR FL

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: *Ronald A. Deckert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 904-243-5219  
Date Daytime Phone #

CR2E034 (12/95)