

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 475428

(9)

1. Corporation Name
FORT WALTON ORTHOPEDIC, INC.

FILED
Apr 29 1997 8:00am
Secretary of State



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 32548-5465

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
05/08/1975

3a. Date of Last Report
02/01/1996

4. FEI Number
59-1631595

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

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

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: typed or printed name of registered agent and state, if applicable

(NOTE: Registered Agent signature required when filing for up

DATA)

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE STD
NAME DECKERT, THOMAS
STREET ADDRESS 1 DOGWOOD DRIVE
CITY-ST-ZIP SHALIMAR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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* RONALD A. DECKERT V.P. 4/18/97 904 243-5219

CR2E034 (9/96)