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 OIVISION OF CORPORATIONS

DOCUMENT # 512424

(3)

HEARTLAND ORTHOPEDIC CLINIC OF A. ROBERT MASSAM. M.D., P.A.

Principal Place of Business

Mailing Address

FILED
Jan 15 1997 8:00am
Secretary of State



2370 BEACH DR AVON PARK FL		2370 BEACH DR AVON PARK FL 33825-8523							
				3. Date Incorporated or Qualified 10/01/1976			of Last Report 1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	Applied For		
21 4325 Sun N LAKET Blue					59-1691094		Not Applicable		
Suite Apt	#, ctc.	Sulle, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	\$8.75 Additional Fee Required		
City & Stage 23 Se 6	ring.	C) 7 & State 28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
^{Zip} 338	72 25 USA	7(p 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name									
MASSAM, A ROBERT				Name				1	
AVON PARK FL 33825			82 83 84	Street Addr 432 Scci	ress (P.O. Box Number is Not Acceptable Sun W - MES	Blued FL 85	Ζω.C 3.3	(°)	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation stybmits 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 food of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607,0505, Florida Statutes.									
SIGNATURE	(A WWW	MMG	Registered Ageni	signature requir	red when reinstating)	DATE			
12.	deficers an	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	S IN 12	
TITLE	PD	☐ DELETE	1.1 TITUE			☐ C	nange	Addition	
NAME	MASSAM, A. ROBERT	1.2 NAME					İ		
STREET ADDRESS	2730 BEACH DRIVE	1.3 STREET A	DDRESS						
CITY-ST ZIF	AVON PARK FL	A DELETE	1.4 CITY-ST-	ZIP	1				
THTEF		☐ DELETE	2.1 TITLE			∐ CI	nange	Addition	
NAME			2.2 NAME	opprod					
STREET ADORESS			2.3 STREET A						
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST 3 1 TITLE	- 214		Ci	hanne	Addition	
NAME			3.2 NAME		·		113.79		
STREET ADDRESS			3.3 STREET A	DORESS				į	
CITY-ST-ZIP			34. CITY-ST	ŀ					
TITLE		DELETE	4.1 TITLE			□ c	nange	Addition	
NAME			4 2 NAME						
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CITY+ST_ZIP			4.4 CITY - ST-	ZIP		.,			
TITLE		☐ DELETÉ	5.1 TITLE			□ c	nange	Addition	
NAME			5.2 NAME					ļ	
STREET ADDRESS			5.3 STREET A	DORESS					
CHTY - ST - ZIP	ANNUARIAN CONTRACTOR AND ANNUAR CONTRACTOR AND	T oner	5.4 CITY - ST-	ZIP		9494		T" 4 2 100	
TELE	L_ DELETE		6 1 TITLE		40000205 -01/15/970109		nange v	Addition	
NAME			6 2 NAME		***165.00		12	レノ	
STREET ADDRESS			6.3 STREET A	,			, ,	M/	
CITY-S1-ZIF	on earth other the information currelles	a u.th toic tiling doog not qualit	6 4 CITY - ST		t in Section 110 07/3/6\ Florida Statutae	I forether postif	. shaik	100	

I. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that We information indicated on this annual report of 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 comforation or the recome 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 of changing a qualification with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-385361