FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **519496** **(4)**

1. Current Name

SEMINOLE ORTHOPAEDIC ASSOCIATES - THOMAS J. BRODRICK, M.D., P.A.

Principal Place of Business
521 W ST RD 434 203
LONGWOOD FL 32750

Mailing Address
521 W ST RD 434 203
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/01/1976**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business
21
Suite Apt. # or Bldg.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # or Bldg.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-1702777** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRODRICK, THOMAS J.
521 W ST RD 434 STE 203
LONGWOOD FL 32750

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 the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. Title	PD	1. Title	☐ Change ☐ Addition
1. Name	BRODRICK, THOMAS J.	1. Name	
1. Street Address	521 W ST RD 434 203	1. Street Address	
1. City-State-Zip	LONGWOOD FL	1. City-State-Zip	
2. Title		2. Title	☐ Change ☐ Addition
2. Name		2. Name	
2. Street Address		2. Street Address	
2. City-State-Zip		2. City-State-Zip	
3. Title		3. Title	☐ Change ☐ Addition
3. Name		3. Name	
3. Street Address		3. Street Address	
3. City-State-Zip		3. City-State-Zip	
4. Title		4. Title	☐ Change ☐ Addition
4. Name		4. Name	
4. Street Address		4. Street Address	
4. City-State-Zip		4. City-State-Zip	
5. Title		5. Title	☐ Change ☐ Addition
5. Name		5. Name	
5. Street Address		5. Street Address	
5. City-State-Zip		5. City-State-Zip	
6. Title		6. Title	☐ Change ☐ Addition
6. Name		6. Name	
6. Street Address		6. Street Address	
6. City-State-Zip		6. City-State-Zip	

14. I/We 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)(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 above, or on an attachment with an additional fee.

SIGNATURE: _____ 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0041360 CP