FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90128 050 ***150.00

Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 519496

Corporation Name

Principal Flace of Business

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

521 W ST RD 434 203 LONGWOOD FL 32750		521 W ST RD 434 203 LONGWOOD FL 32750			DO NOT WRITE IN T	uie envei	E E		
							115 SPACE	-	
						3. Date Incorporated or Qualifed			
L						12/01/1976	· — —		Cad Can
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	L	 -	lied For
21						59-1702777			Applicable
Suite, A	ot. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		. 75 A	dditional juired
City & 5	tate	City & State				6. Election Campaign Financing	\$5	.00	Aav Be
⊢ '		<u>⊢</u> ′	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cr	Country		8. This corporation owes the current year Intangible			
⊢ ′	- ·	29	30	, u		Personal Property Tax.	X] Yes		∃No
9. Name and Address of Current Registered Ag			1301			10. Name and Address of New Register			
<u> </u>	9. Name and Address of Cu	rrem Registered Agent		81	Name	To. Hame and reactors of Health Hagiston	<u> </u>		
D.C.	RODRICK, THOMAS J.			•	. 10,,,,0				
521 W ST RD 434 STE 203				82	Street Ac	eet Address (P.O. Box Number is Not Acceptable)			
LL.)NGWOOD FL 32750			83					
}				84	City		85	Zip C	ode
l				_		· · · · · · · · · · · · · · · · · · ·	L °		
l office o	nt to the provisions of St ctions 607. r registered agent, or bo h, in the St I am familiar with, and at cept the ob	late of Florida. Such change was	authonze	ea bv	the corpora	crporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose results that the purpose results in the purpose results are the purpose results and the purpose results are the purpose results and the purpose results are the purpose res	₃ of changir ¾ ointment	ng its r as reg	egistered stered
SIGNATUR	E	_		_					
Signature, typed or printed name of registered agent and title if applicable. (NOT 5: Reg					t signature req	at ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		FCTO	CC IN 12
12		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS			Addition
TITLE	PD	☐ DELETE		11 TITLE				ange	L.J Addition
NAME	BRODRICK, THOMAS J.			12 NAME					
STREET ADDRESS 521 W ST RD 434 203			1.3	1.3 STREET ADDRESS					
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-ST-ZIP					
TITLE	☐ DELETE		2.1	2.1 TITLE			☐ Ch	ange	☐ Addition
NAME	1		2.2	NAME	Ì				
STREET ADDRE 3S			2.3	2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4	CITY-S	T-ZiP				
1 0111-01-21									

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 or riffy that the information indicate for 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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

3.1 TITLE

3 2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

THOMAS J. BRODRICK

DELETE

DELETE

DELETE

□ DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph 8 AM 7, 1995

Jaytime Phone

Change

☐ Change

Change

Change

CR2E034 (11/98)

☐ Addition

☐ Addition

Addition

☐ Addition