

3-26-97 B-3621 NC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 597446 (4)  
1. Corporation Name  
LIGHTHOUSE ORTHOPAEDIC MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address  
INC. INC.  
1821 N.E. 25 STREET 1821 N.E. 25 STREET  
LIGHTHOUSE PT. FL 33064 LIGHTHOUSE PT. FL 33064-7744



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/14/1978		04/30/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1870616		Not Applicable	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
MEDALIE, DONALD B 1500 E ATLANTIC BLVD POMPANO BCH, FL 33060				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		(NOTE: Registered Agent signature required when terminating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE						Change Addition					
NAME						12 NAME					
1821 N.W. 25TH STREET						13 STREET ADDRESS					
LIGHHOUSE PT FL						14 CITY - ST - ZIP					
15 CITY - ST - ZIP						21 TITLE					
22 NAME						Change Addition					
1821 N.E. 25 STREET						23 STREET ADDRESS					
LIGHHOUSE PT FL						24 CITY - ST - ZIP					
25 CITY - ST - ZIP						31 TITLE					
32 NAME						Change Addition					
1821 N.E. 25TH ST						33 STREET ADDRESS					
LIGHHOUSE PT FL						34 CITY - ST - ZIP					
35 CITY - ST - ZIP						41 TITLE					
42 NAME						Change Addition					
1821 NE 25TH ST						43 STREET ADDRESS					
LIGHHOUSE PT, FL 00000						44 CITY - ST - ZIP					
45 CITY - ST - ZIP						51 TITLE					
52 NAME						Change Addition					
53 STREET ADDRESS						54 CITY - ST - ZIP					
55 CITY - ST - ZIP						61 TITLE					
62 NAME						Change Addition					
63 STREET ADDRESS						64 CITY - ST - ZIP					
65 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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Donna L. Kleinhens* 3/17/97 959420321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)