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 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600451** **(9)**

1. Corporation Name

ORTHOPAEDIC ASSOCIATES OF NORTH MIAMI BEACH, P.A

Principal Place of Business	Mailing Address
16501 N. W. 2ND AVE MIAMI FL 33169	16501 N. W. 2ND AVE MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1968**
3a. Date of Last Report: **02/09/1994**
4. FEI Number: **59-1220931** — 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

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SOUTHEAST FIRST ST (PH)
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: LAWRENCE M. PLOUCHA, ESQ.
ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1946 Tyler Street
83
84 City: Hollywood FL 85 Zip Code: 33025

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 s. 607.0505, Florida Statutes.

SIGNATURE [signature] **L M PLOUCHA** 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	**DPS**	TITLE	☐ Change ☐ Addition
NAME	**UNGER, HUGH, S**	NAME	
STREET ADDRESS	**16501 NW 2ND AVENUE**	STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL**	CITY-ST-ZIP	
TITLE	**T**	TITLE	☐ Change ☐ Addition
NAME	**UNGER, HUGH, S**	NAME	
STREET ADDRESS	**16501 N.W. 2ND AVE**	STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL**	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/95 Daytime Phone #: (305) 947-3421

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