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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:03

DOCUMENT # **600459** **(2)**

1. Corporation Name

ORTHOPAEDIC SURGERY CENTER OF CLEARWATER, P.A.

Principal Place of Business	Mailing Address
1528 LAKEVIEW RD CLEARWATER FL 34616	1528 LAKEVIEW RD CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1968
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 59-1219522 ☐ 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

9. Name and Address of Current Registered Agent

STEINMAN, HARRY MD
1528 LAKEVIEW ROAD
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

01 Name: THOMAS O. SCHWAB, M.D.
02 Street Address (P.O. Box Number is Not Acceptable): 1528 LAKEVIEW ROAD
03
04 City: CLEARWATER FL 05 Zip Code: 34616

11. Pursuant to the provisions of Section 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: Thomas O. Schwab. DATE: 04-10-95

Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent Signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	VICE - PRESIDENT	☒ Change ☐ Addition
NAME	MCCLURE, JOHN M.III	12 NAME		
STREET ADDRESS	2401 MARGOLIN LANE	13 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP		
TITLE	S	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SCHWAB, THOMAS O.	22 NAME		
STREET ADDRESS	600 PONCE DE LEON BLVD.	23 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP		
TITLE	S	31 TITLE	TREASURER	☒ Change ☐ Addition
NAME	STEINMAN, HARRY	32 NAME		
STREET ADDRESS	1965 COVE LANE	33 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP		
TITLE	V	41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ABRAHAMSEN, CHARLES	42 NAME		
STREET ADDRESS	808 ELDORADO AVE	43 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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, added or deleted with an address.

SIGNATURE: Thomas O. Schwab. THOMAS O. SCHWAB, MD 04-10-95 813-461-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066329 CF