PROFIT CORPORATION · ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -9 AM 11:34

DOCUMENT # 600459 (2)

1. Corporation Name

ORTHOPAEDIC ASSOCIATES OF WEST FLORIDA, P.A.

100001950991
-09/19/96--01004--018
****200.00 ****200.00

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

3. Date Incorporated or Qualified: **09/24/1968**
3a. Date of Last Report: **04/13/1995**

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) Country (25) | Zip (29) Country (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

SCHWAB, THOMAS O M.D.
1528 LAKEVIEW ROAD
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: HARRY STEINMAN, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1528 LAKEVIEW ROAD
83
84 City: CLEARWATER FL 85 Zip Code: 34616

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: H Steinman
Signature, Typed or Printed Name of Registered Agent and Title, if Applicable — Note: Registered Agent Signature Required if Changed — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	11 TITLE	VP	☐ Change ☐ Addition
NAME	MCCLURE, JOHN M.III		12 NAME	MICHAEL L. ROTHBERG, MD	
STREET ADDRESS	2401 MARGOLIN LANE		13 STREET ADDRESS	1528 SEAGULL DRIVE #309	
CITY-ST-ZIP	CLEARWATER FL		14 CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	P	☐ DELETE	21 TITLE	SECRETARY/TREASURER	☐ Change ☐ Addition
NAME	SCHWAB, THOMAS O.		22 NAME	CRAIG A. SCHWARTZ, MD	
STREET ADDRESS	600 PONCE DE LEON BLVD.		23 STREET ADDRESS	5034 CROSS POINTE DRIVE	
CITY-ST-ZIP	CLEARWATER FL		24 CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	☐ DELETE	[redacted]		☐ Change ☐ Addition
NAME	STEINMAN, HARRY		32 NAME	GARY C. MOSKOVITZ, MD	
STREET ADDRESS	1965 COVE LANE		33 STREET ADDRESS	1113 CULBREATH ISLES DR	
CITY-ST-ZIP	CLEARWATER FL		34 CITY-ST-ZIP	TAMPA FL 33629	
TITLE	S	☐ DELETE	[redacted]		☐ Change ☐ Addition
NAME	ABRAHAMSEN, CHARLES		42 NAME	WILLIAM E. KILGORE, M.D.	
STREET ADDRESS	808 ELDORADO AVE		43 STREET ADDRESS	105 WILLADEL DRIVE	
CITY-ST-ZIP	CLEARWATER FL		[redacted]	BELLEAIR, FL 34616	
TITLE		☐ DELETE	[redacted]		☐ Change ☐ Addition
NAME			52 NAME	JOHN E. KILGORE, M.D.	
STREET ADDRESS			53 STREET ADDRESS	2156 HARBORVIEW DRIVE	
CITY-ST-ZIP			54 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

100001950991
-09/19/96--01004--019
*****25.00 *****25.00

CR2E034 (12/95)

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)(k), 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: H Steinman — 4/14/96 — 461-6026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harry STEINMAN, M.D., PRESIDENT