


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 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 # 600459 (2) 1. Corporation Name ORTHOPAEDIC ASSOCIATES OF WEST FLORIDA, P.A.					
Principal Place of Business 1528 LAKEVIEW RD CLEARWATER FL 34616			Mailing Address 1528 LAKEVIEW RD CLEARWATER FL 34616-3648		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1968	
21		26		4. FEI Number 59-1219522	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip	
26 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STEINMAN, HARRY M.D. 1528 LAKEVIEW ROAD CLEARWATER FL 34616				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	
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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
1.2 NAME ROTHBERG, MICHAEL L.					
1.3 STREET ADDRESS 1528 SEAGULL DRIVE, #309					
1.4 CITY-ST-ZIP PALM HARBOR FL 34885					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME Schwartz, CRAIG A					
2.3 STREET ADDRESS 5034 CROSSE POINTE DRIVE					
2.4 CITY-ST-ZIP OLDSMAR FL 34877					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME STEINMAN, HARRY					
3.3 STREET ADDRESS 1985 COVE LANE					
3.4 CITY-ST-ZIP CLEARWATER FL					
4.1 TITLE <input checked="" type="checkbox"/> DELETE					
4.2 NAME ABRAHAMSEN, CHARLES					
4.3 STREET ADDRESS 808 ELDORADO AVE					
4.4 CITY-ST-ZIP CLEARWATER FL					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME MOSKOVITZ, GARY G					
5.3 STREET ADDRESS 1113 CULBREATH ISLES DR.					
5.4 CITY-ST-ZIP TAMPA FL 33629					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME KILGORE, WILLIAM E					
6.3 STREET ADDRESS 105 WILLADEL DRIVE					
6.4 CITY-ST-ZIP BELLEAIR FL 34616					
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: Steinman (813) 461-6026					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)