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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600557

(3)

GILMER, COX, SCHWAB & BOTT ORTHOPAEDIC ASSOCIATI ON, P.A.

Drigging Dis	se a el Dueisaca	Mailing Address				MININ MININ PIRIL MINIS MINIS	
Principal Place of Business 2001 SOUTH DELANEY AVENUE BOX 560208 ORLANDO FL 32056-5260		2881 SOUTH DELANEY AVENUE BOX 568288 ORLANDO FL 32856-8288					
				3. Date Incorporated or Qualified 11/05/1968	3a. Date of Last I 04/14/1996	Report	
	Place of Business	2a. Mailing Address			4. FEI Number	L A	pplied For
21		26			59-1227093	. N	lot Applicable
Suite, Ap 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & St	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	<del></del>		Trust Fund Contribution		to Fees
Zιρ ==1	Gountry	Zip	Cour	ntry	8. This corporation has liability for it		s. 199.032,
4	25] 9. Name and Address of Curre	29 29 Anent	30		Florida Statutes  10. Name and Address of New Reg	Yes No	
	LMER JR, RAYMOND E	ant registered Agent	<del></del>	81 Name	10. Italile and Address of New Hel	gistered Agent	
	20 PALMER AVENUE		L				
	NTER PARK FL			82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
778	MIER FARR FL		}	83			
				84 City		FL 85 Zip	Code
11. Porsuar	it to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	tes the sh	nove-named cor	rnoration submits this statement for the n		ita ragiotarad
office of	registered agent, or both, in the Stat	e of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	or the appointment as	s registered
agent i	am ramhar with land accept the obij	gations of, Section 607.0505, F	lorida Stati	utes.			
SIGNATURE		OIA) sheet and but the true	16: Pagistared		tind the areinstein	CATE	
	5 gnotize, typen or prated name of registered a				uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	RS IN 12
SIGNATURE	5 gnotize, typen or prated name of registered a	gent and be of applicable INO NO DIRECTORS	1E: Registered 13.	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
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