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

0094874

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90050 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **600557**

1. Corporation Name

GILMER, COX, SCHWAB & BOTT ORTHOPAEDIC ASSOCIATION, P.A. Gilmer Cox Bott Torres Orthopaedic Association, P.A.

Principal Place of Business	Mailing Address
2881 SOUTH DELANEY AVENUE BOX 568288 ORLANDO FL 32856-5288	2881 SOUTH DELANEY AVENUE BOX 568288 ORLANDO FL 32856-5288

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1968

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: 59-1227093 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COX, WILLIAM S
3019 CULLEN LAKESHORE DR
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	O	☐ DELETE	1.1 TITLE	O	☐ Change ☒ Addition
NAME	COX, WILLIAM S		1.2 NAME	Jose A. Torres, M.D.	
STREET ADDRESS	3019 CULLEN LAKESHORD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COX, KEVIN W .		2.2 NAME		
STREET ADDRESS	17311 MAGNOLIA ISLAND BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 37411		2. 4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOTT, WILLIAM K		3.2 NAME		
STREET ADDRESS	2605 NELA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809-3172		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: William S. Cox REWILLIAM S. Cox 3-14-99 4078572500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #