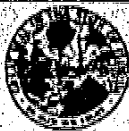


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600707**

(4)

1. Corporation Name

MATTHEWS ORTHOPEDIC CLINIC, P.A.

Principal Place of Business

Mailing Address

1315 S. ORANGE AVE.
P.O. BOX 562002
ORLANDO FL 32856-002
US

1315 S. ORANGE AVE.
P.O. BOX 562002
ORLANDO FL 32856-002
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/24/1968

3a. Date of Last Report

02/03/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1226189

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

10. Name and Address of New Registered Agent

**RICHARDS, JAMES F., JR.
1315 S ORANGE AVE
ORLANDO FL 32806**

81 Name

Thomas F Winters

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

1315 S. Orange Ave.

83

84 City

Orlando

FL

85

Zip Code

32806

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

Thomas F Winters

4-28-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WINTERS, THOMAS F
STREET ADDRESS	1315 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	COLE, J. D
STREET ADDRESS	1315 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	BRADY, LOUIS P
STREET ADDRESS	1315 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	MACKSOD, WADII
STREET ADDRESS	1315 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	RICHARDS, JAMES F JR.
STREET ADDRESS	1315 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	BROOM, MICHEAL J
STREET ADDRESS	1315 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO FL

1.1 TITLE	VI	☒ Change ☐ Addition
1.2 NAME	Winters, Thomas F.	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	Cole, J. D.	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	Brady, Louis P.	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	Smith, Richard C.	
4.3 STREET ADDRESS	1315 S. Orange Ave.	
4.4 CITY - ST - ZIP	Orlando, FL 32806	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Guttentag, Ira J.	
5.3 STREET ADDRESS	1315 S. Orange Ave	
5.4 CITY - ST - ZIP	Orlando, FL 32806	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas F Winters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95