

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 600707 (4)

1. Corporation Name

MATTHEWS ORTHOPEDIC CLINIC, P.A.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/24/1968

3a. Date of Last Report  
05/01/1995

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

10. Name and Address of New Registered Agent

81 Name

Robert C. Coolidge

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

1315 S. Orange Ave

83

84 City

Orlando FL

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

Robert C. Coolidge

Robert C. Coolidge

5-22-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME WINTERS, THOMAS F  
STREET ADDRESS 1315 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE P  
NAME COLE, J. D  
STREET ADDRESS 1315 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE T  
NAME BRADY, LOUIS P  
STREET ADDRESS 1315 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE S  
NAME SMITH, RICHARD C  
STREET ADDRESS 1315 S. ORANGE AVE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE D  
NAME GUTTENTAG, IRA J  
STREET ADDRESS 1315 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Jeffrey Deren  
1.2 NAME ☐ Change ☒ Addition  
1.3 STREET ADDRESS 1315 S. Orange Ave  
1.4 CITY-ST-ZIP Orlando FL 32856-2002

2.1 TITLE  
2.2 NAME ☐ Change ☐ Addition  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE T  
3.2 NAME Robert Duggan  
3.3 STREET ADDRESS 1315 S. Orange Ave  
3.4 CITY-ST-ZIP Orlando FL 32856-2002 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VP  
5.2 NAME ☒ Change ☐ Addition  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

900001848889  
-06/04/96-01032--003  
\*\*\*225.00

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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Duggan, Treasurer

Date

Daytime Phone #

5/2/96 407-849-0840

CR2E034 (12/95)