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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mo[illegible]am
Secretary of State
DIVISION OF CORPORATIONS

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 32856-2002 US

3. Date Incorporated or Qualified: **12/24/1968**
3a. Date of Last Report: **06/03/1996**

2. Principal Place of Business
21 [ ]
Suite, Apt. #, etc.
22 [ ]
City & State
23 [ ]
Zip / Country
24 [ ] 25 [ ]

2a. Mailing Address
26 [ ]
Suite, Apt. #, etc.
27 [ ]
City & State
28 [ ]
Zip / Country
29 [ ] 30 [ ]

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

COOLIDGE, ROBERT C.
1315 S. ORANGE AVE
ORLANDO FL 32806

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: Robert C. Coolidge — February 24, 1997
(Required, 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEREN, JEFFREY 1315 S. ORANGE AVENUE ORLANDO FL 32856-2002	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President James F. Richards 1315 S. Orange Ave Orlando Fl 32856-2002	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLE, J. D 1315 S. ORANGE AVENUE ORLANDO FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Richard Smith 1315 S. Orange Ave Orlando Fl 32856-2002	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Title Change DUGGAN, ROBERT 1315 S. ORANGE AVENUE ORLANDO FL 32856-2002	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director Steven Bohmer 1315 S. Orange Ave Orlando Fl 32856-2002	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Director SMITH, RICHARD C 1315 S. ORANGE AVE ORLANDO FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Medical Director Louis P. Brady 1315 S. Orange Ave Orlando Fl 32856-2002	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Director GUTTENTAG, IRA J 1315 S. ORANGE AVENUE ORLANDO FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Director John Shim 1315 S. Orange Ave Orlando Fl 32856-2002	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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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 with an address.

SIGNATURE: [signature] [illegible] 3-31-97 402 849 0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # ext. 261