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Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 600730

(6)

1. Corporation Name  
ORTHOPAEDIC SPECIALISTS, P.A.



Principal Place of Business

Mailing Address

220 S. COURTENAY PARKWAY  
MERRITT ISLAND FL 32952

220 S. COURTENAY PARKWAY  
MERRITT ISLAND FL 32952-4857

3. Date Incorporated or Qualified: 12/30/1968  
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-1227075  
Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, JAMES E.  
220 S. COURTENAY PARKWAY  
MERRITT ISLAND FL 32952

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PD CARTER, JAMES E., 220 S. COURTENAY PKWY, MERRITT ISLAND FL. Row 2: TD GIBBONS, BRIAN, 220 S COURTENAY PKWY, MERRITT ISLAND FL. Rows 3-6 are empty with DELETED checkboxes.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-6 are empty with Change/Addition checkboxes.

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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/6/97

CR2E034 (9/96)