

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 600775

1. Corporation Name

MADISON-MACKEY-ROGERS-MURRAH ORTHOPAEDIC ASSOCIATION, P.A.

Principal Place of Business

800 W. MORSE BLVD
SUITE 5
WINTER PARK FL 32789-3735
US

Mailing Address

800 W. MORSE BLVD.
SUITE 5
WINTER PARK FL 32789
US

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90119 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1969

4. FEI Number

59-1225969

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MADISON, JAMES B.
800 W MORSE BLVD.
WINTER PARK FL

10. Name and Address of New Registered Agent

81 Name

Same

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

800 W. Morse Blvd. Suite 5

83

Same

84 City

same

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
MACKEY, DAVID L
STREET ADDRESS
600 VIA LUGANO
CITY-ST-ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
ST
ROGERS, WILLIAM D JR.
STREET ADDRESS
181 SPRING LANE
CITY-ST-ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
VP
MADISON, JAMES B.
STREET ADDRESS
1243 ALBERTA DRIVE
CITY-ST-ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
VP
MURRAH, ROBERT L. JR. M
STREET ADDRESS
1301 WILKINSON ST
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VP

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

800 W. Morse Blvd #5
Winter Park, FL 32789

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1601 Blue Ridge Rd.
Winter Park, FL 32789

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

P
1181 Woodmere Dr.
Winter Park, FL 32789

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99 (407) 647-0625

CR2E034 (1/1/98)