ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601799 (0)

1. Corporation Name
ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

Principal Place of Business	Mailing Address
1075 MASON AVENUE DAYTONA BEACH FL 32117	1075 MASON AVENUE DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1969**
3a. Date of Last Report: **03/07/1994**

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

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

4. FEI Number: **59-1281292** ☐ 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

HANKINS, CRAIG M
1075 MASON AVE
DAYTONA BCH FL 32117

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	HANKINS, CRAIG M	12 NAME	
STREET ADDRESS	1075 MASON AVE	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GILLESPY JR., THURMAN	22 NAME	
STREET ADDRESS	1075 MASON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MARTIN JR, GILBERT A.	32 NAME	
STREET ADDRESS	1075 MASON AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	STOSE,WILLIS G.	42 NAME	
STREET ADDRESS	1075 MASON AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	44 CITY ST ZIP	
TITLE	AST	51 TITLE	☐ Change ☐ Addition
NAME	GILLESPY, ALBERT W	52 NAME	
STREET ADDRESS	1075 MASON AVE	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: G. A. Martin, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

GILBERT A. MARTIN, JR., M. D.

FEB. 20, 1995 Date **904-258-3351, EXT 135** Daytime Phone Number

000B489 CP