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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90060 008 ***150.00

DOCUMENT # 601799

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 Qualifed: 12/31/1969

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-1281292 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	10. Name and Address of New Registered Agent
GILLESPY, ALBERT 1075 MASON AVE DAYTONA BCH FL 32117	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MALCOLM, D GOTTLICH		1.2 NAME		
STREET ADDRESS	8 FOXFORDS CHASE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL 32174		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILLESPY JR., THURMAN		2.2 NAME		
STREET ADDRESS	1075 MASON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN JR, GILBERT A.		3.2 NAME		
STREET ADDRESS	1075 MASON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, JAMES M		4.2 NAME		
STREET ADDRESS	745 MARINA PT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GILLESPY, ALBERT W		5.2 NAME		
STREET ADDRESS	1075 MASON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GILLESPY, MARK C		6.2 NAME		
STREET ADDRESS	1075 MASON AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 2/5/99 904-255-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #