

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **602623** (1)

1. Corporation Name

THE JEWETT ORTHOPAEDIC CLINIC, P.A.



Principal Place of Business

**1285 ORANGE AVE
WINTER PARK FL 32789**

Mailing Address

**1285 ORANGE AVE
WINTER PARK FL 32789**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BARNETT, JAMES C.
1285 ORANGE AVENUE
WINTER PARK FL 32789**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
12/29/1970

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1308619

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1009, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARNETT, JAMES C.	
STREET ADDRESS	1285 ORANGE AVENUE	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPIVEY, JAMES N.	
STREET ADDRESS	1285 ORANGE AVENUE	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CROFT, CARL L.	
STREET ADDRESS	1285 ORANGE AVENUE	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NIXON, JOSEPH J.	
STREET ADDRESS	1285 ORANGE AVENUE	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIDDICK, MAX F.	
STREET ADDRESS	1285 ORANGE AVENUE	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCUTCHEN, JOHN W.	
STREET ADDRESS	1285 ORANGE AVENUE	
CITY-STATE-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the registrar or publisher of this report or the preparer of this report as defined 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

CR2E034 (12/95)