

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90138 042 ***150.00

0071442

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 603127

1. Corporation Name
FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.



Principal Place of Business 740 WEST PLYMOUTH AVE. DELAND FL 32720	Mailing Address 740 WEST PLYMOUTH AVE. DELAND FL 32720
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1361697	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent GRIFFIN JR, TAYLOR W. 740 WEST PLYMOUTH AVE. DELAND FL 32720		10. Name and Address of New Registered Agent	
		81 Name	Royce E. Hood Jr MD
		82 Street Address (P.O. Box Number is Not Acceptable)	740 W Plymouth Avenue
		83	
		84 City	DeLand
		85 FL	Zip Code 32720

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOOD, ROYCE E. JR. M	1.2 NAME	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUSTER, RICHARD H. M	2.2 NAME	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLLMANN, MARK W	3.2 NAME	
STREET ADDRESS	740 W PLYMOUTH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, TAYLOR W. JR. M	4.2 NAME	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REED, STEPHEN M	5.2 NAME	
STREET ADDRESS	740 WEST PLYMOUTH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 #

CR2E034 (11/98)