

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

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

04-19-1999 90021 013 ***150.00

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DOCUMENT # 604452

1. Corporation Name

BRADENTON ORTHOPAEDIC ASSOCIATES, P.A.

Principal Place of Business

2010-59TH ST. W. STE. 4400
BRADENTON FL 34209

Mailing Address

2010-59TH ST. W. STE. 4400
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1973

4. FEI Number

59-1466615

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

2. Principal Place of Business

21 6015 Pointe West Blvd

Suite, Apt. #, etc.

22

City & State

23 Bradenton FL

Zip

24 34209

Country

25

2a. Mailing Address

26 6015 Pointe West Blvd

Suite, Apt. #, etc.

27

City & State

28 Bradenton FL

Zip

29 34209

Country

30

9. Name and Address of Current Registered Agent

OBREGON, ROBERT S
2010 59TH ST W
STE 4400
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

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

83 6015 Pointe West Blvd

84

City Bradenton

FL

85 Zip Code
34209

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 ☐ DELETE

TITLE D
NAME AYRES, JOHN R.
STREET ADDRESS 2010 59 ST W #4400
CITY-ST-ZIP BRADENTON FL

TITLE D
NAME LASSEN, KEITH J
STREET ADDRESS 2010 59 ST W, #4400
CITY-ST-ZIP BRADENTON FL

TITLE PD
NAME SILBEY, MARK B
STREET ADDRESS 2010 59 ST W #4400
CITY-ST-ZIP BRADENTON FL

TITLE D
NAME ROGERS, JAMES T
STREET ADDRESS 2010 59 ST W #4400
CITY-ST-ZIP BRADENTON FL

TITLE D
NAME DUNLAP, GARY L
STREET ADDRESS 2010 59 ST W, #4400
CITY-ST-ZIP BRADENTON FL

TITLE V
NAME SHORTT, JAMES D
STREET ADDRESS 20110 59TH ST W 4400
CITY-ST-ZIP BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~Secretary/Treasurer~~ ☐ Change ☒ Addition
1.2 NAME TS ALAN L. VALADIC
1.3 STREET ADDRESS 6015 Pointe West Blvd
1.4 CITY-ST-ZIP Bradenton FL 34209

2.1 TITLE ~~Director~~ ☐ Change ☒ Addition
2.2 NAME Arthur L. Valadic
2.3 STREET ADDRESS 6015 Pointe West Blvd
2.4 CITY-ST-ZIP Bradenton FL 34209

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Ayres, John R
3.3 STREET ADDRESS 6015 Pointe West Blvd
3.4 CITY-ST-ZIP Bradenton, FL 34209

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME Silbey, Mark B.
4.3 STREET ADDRESS 6015 Pointe West Blvd
4.4 CITY-ST-ZIP Bradenton FL 34209

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Dunlap, Gary L.
5.3 STREET ADDRESS 6015 Pointe West Blvd
5.4 CITY-ST-ZIP Bradenton, FL 34209

6.1 TITLE V ☒ Change ☐ Addition
6.2 NAME Shortt, James D.
6.3 STREET ADDRESS 6015 Pointe West Blvd
6.4 CITY-ST-ZIP Bradenton FL 34209

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (941) 792-1404
Date Daytime Phone #

CR2E034 (1/1/98)