FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **604675** **(9)**

1. Corporation Name

ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.

Principal Place of Business	Mailing Address
100 W. GORE ST. FIFTH FLOOR LUCERNE MEDICAL PLAZA ORLANDO FL 32806	100 W. GORE ST. FIFTH FLOOR LUCERNE MEDICAL PLAZA ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1973
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1486941 ☐ 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

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

9. Name and Address of Current Registered Agent

SHEA, DARRELL J
100 W GORE STREET
FIFTH FLOOR, LUCERNE MED. PLAZA
ORLANDO FL 32806

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 _____ 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	PD	11 TITLE	SD	☐ Change ☒ Addition
NAME	SHEA, J. DARRELL	12 NAME	BLICK, SAMUEL S	
STREET ADDRESS	1205 WINDSONG ROAD	13 STREET ADDRESS	620 PINETREE ROAD	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	JONES, CRAIG P.	22 NAME	SHEA, J DARRELL	
STREET ADDRESS	610 E GORE STREET	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	PD	☒ Change ☐ Addition
NAME	MCBRIDE, G. GRADY	32 NAME	MCBRIDE, G GRADY	
STREET ADDRESS	475 LAKEWOOD DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	S	☐ Change ☒ Addition
NAME	ROSEN, JEFFREY P.	42 NAME	PALUMBO, ROBERT C	
STREET ADDRESS	1684 INDIAN DANCE CT.	43 STREET ADDRESS	2523 CHIPPEWA TRAIL	
CITY-ST-ZIP	MAITLAND FL	44 CITY-ST-ZIP	MAITLAND FL	
TITLE	SD	51 TITLE	S	☐ Change ☒ Addition
NAME	HALPERIN, LAWRENCE S M.D.	52 NAME	SINCLAIR, MARK R	
STREET ADDRESS	408 SPRING VALLEY LANE	53 STREET ADDRESS	202 QUAYSIDE CIRCLE #304	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	54 CITY-ST-ZIP	MAITLAND FL	
TITLE	T	61 TITLE	VD	☐ Change ☒ Addition
NAME	DORE, DAVID D M.D.	62 NAME	GOLL, STEPHEN R	
STREET ADDRESS	1507 THE OAKS DR	63 STREET ADDRESS	711 PINETREE ROAD	
CITY-ST-ZIP	MAITLAND FL	64 CITY-ST-ZIP	WINTER PARK FL	

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: Jeffrey P. Rosen, MD 4/27/95 407-425-1556
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0007694 CP