

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/17/1973

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME BLICK, SAMUEL S
STREET ADDRESS 620 PINETREE ROAD
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Secy
Jeffrey P. Rosen, M.D.
1684 Indian Dance Court
Maitland, FL 32751
☐ Change ☒ Addition

TITLE TD
NAME SHEA, J D
STREET ADDRESS 610 E GORE STREET
CITY-ST-ZIP ORLANDO FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Treasurer
Craig P. Jones, M.D.
1345 Spring Lake Drive
Orlando FL 32806
☐ Change ☒ Addition

TITLE PD
NAME MCBRIDE, G G
STREET ADDRESS 475 LAKEWOOD DRIVE
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

1st Asst Secy.
Lawrence S. Halperin, M.D.
408 Spring Valley Lane
Altamonte Springs, FL 32714
☐ Change ☒ Addition

TITLE S
NAME PALUMBO, ROBERT C
STREET ADDRESS 2523 CHIPPEWA TRAIL
CITY-ST-ZIP MAITLAND FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

2nd Asst. Secy. Task
David H. Dore, M.D.
1507 The Oaks Drive
Maitland, FL 32751
☐ Change ☒ Addition

TITLE S
NAME SINCLAIR, MARK R
STREET ADDRESS 202 QUAYSIDE CIRCLE #304
CITY-ST-ZIP MAITLAND FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TO
J. Darrell Shea, M.D.
1205 Winding Road
Orlando, FL 32809
☒ Change ☐ Addition

TITLE VD
NAME GOLL, STEPHEN R
STREET ADDRESS 711 PINETREE ROAD
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

407-425-1556

Date

Daytime Phone

CR2E034 (12/95)