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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 604675 (9)

1. Corporation Name
ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.

Principal Place of Business
100 W. GORE ST. FIFTH FLOOR
LUCERNE MEDICAL PLAZA
ORLANDO FL 32808

Mailing Address
100 W. GORE ST. FIFTH FLOOR
LUCERNE MEDICAL PLAZA
ORLANDO FL 32806-1044



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHEA, DARRELL J
100 W GORE STREET
FIFTH FLOOR, LUCERNE MED. PLAZA
ORLANDO FL 32808

3. Date Incorporated or Qualified

09/17/1973

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

81 Name G. GRADY MCBRIDE
82 Street Address (P.O. Box Number is Not Acceptable) 475 LAKEWOOD DRIVE
83
84 WINTER PARK FL 85 Zip Code 32789

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
S	ROSEN, JEFFREY P	1684 INDIAN DANCE COURT	MAITLAND FL	<input type="checkbox"/>
T	CRAIG, P J	1345 SPRING LAKE DRIVE	ORLANDO FL	<input type="checkbox"/>
FAS	HALPERIN, LAWRENCE S	408 SPRING VALLEY LANE	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
SAS	DORE, DAVID D	1507 THE OAKS DRIVE	MAITLAND FL	<input type="checkbox"/>
TD	SHEA, J D	1205 WINDSONG ROAD	ORLANDO FL	<input type="checkbox"/>
VD	GOLL, STEPHEN R	711 PINETREE ROAD	WINTER PARK FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)