

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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 32806

Mailing Address  
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	
4. FEI Number 59-1486941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
22 City & State	27 City & State	29 Zip	30 Zip
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent MCBRIDE, G GRADY 475 LAKEWOOD DR FIFTH FLOOR, LUCERNE MED. PLAZA WINTER PARK FL 32789		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	THIRD ASSISTANT SECRETARY Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, JEFFREY P	1.2 NAME	Robert C. Palumbo, M.D.
STREET ADDRESS	1884 INDIAN DANCE COURT	1.3 STREET ADDRESS	801 SUWANEE COURT
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	SECOND ASSISTANT SECRETARY Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG, P J	2.2 NAME	Samuel S. Blick
STREET ADDRESS	1345 SPRING LAKE DRIVE	2.3 STREET ADDRESS	8707 Southern Breeze Drive
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	FAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERIN, LAWRENCE S	3.2 NAME	
STREET ADDRESS	408 SPRING VALLEY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SAT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORE, DAVID D	4.2 NAME	
STREET ADDRESS	1807 THE OAKS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	FAT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, J D	5.2 NAME	
STREET ADDRESS	1205 WINDSONG ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLL, STEPHEN R	6.2 NAME	
STREET ADDRESS	711 PINETREE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ 4/22/98 417-425-1556

CR2E034 (10/97)