SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name 635920 (2)ORTHOPAEDIC ASSOCIATES OF LAKE COUNTY, P.A. Principal Place of Business Mailing Address 1301 S. BAY STREET 1301 S. BAY STREET EUSTIS FL 32726 **EUSTIS FL 32726** 3. Date incorporated or Qualified 3a. Date of Last Report 10/01/1979 01/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1937271 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{1}p$ Country Zin Country 8. This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EVANS, MAGGIE B. 131 WATERMAN AVENUE 62 Street Address (PO Box Number is Not Acceptable) **MOUNT DORA 32757** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits tris 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Segmanto i type fine printed native of regerers dialpert and the diapproximates Bullt. Registered Agents grantering proof when ten the up-(JA1E 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1.1 [[[]] Change Addition NAME WILSON, PATRICK F. 1.2 NAME CR2E034 STREET ADDRESS 1301 S. BAY STREET 1.3 STHEET ADDRESS **EUSTIS FL** CITY - ST - ZIP 14 CITY - ST - ZIP TITLE DELETE 211116 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiP TOTALE DELETE 3.1 THEF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 3.4 City - ST- ZiP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CiTY - ST. ZIP TITLE DELETE 5 1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY -ST-ZIP TITLE DELETE 61 TILLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 64 CHTY - ST. ZIP 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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 to happed, over an attachment of the receiver o

SIGNATURE:

July 9, 1996x

(3/96)