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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN -4 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 671739 (1)

1. Corporation Name
ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.

Principal Place of Business
350 N. PINE ISLAND ROAD. LEVEL 2
PLANTATION FL 33324

Mailing Address
350 N. PINE ISLAND ROAD. LEVEL 2
PLANTATION FL 33324

3. Date Incorporated or Qualified
06/01/1980

2. Principal Place of Business
21 ONE HEALTHSOUTH PARKWAY
22 Suite, Apt. #, etc
23 City & State: BIRMINGHAM, AL
24 Zip: 35243
25 Country: US

2a. Mailing Address
26 P O BOX 380546
27 Suite, Apt. #, etc.
28 City & State: BIRMINGHAM, AL
29 Zip: 35238
30 Country: US

4. FEI Number: 59-1997926 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
REITMAN, HAROLD S. M.D.
350 N. PINE ISL RD #2
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL
85 Zip Code: 33324

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 Kelli Morris
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	REITMAN, HAROLD S M.D.	
STREET ADDRESS	350 N PINE ISLAND RD. #2	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	☒ DELETE
NAME	KLEIMAN, RICHARD S. M.D.	
STREET ADDRESS	350 N. PINE ISL RD #2	
CITY-ST-ZIP	PLANTATION FL	
TITLE	CEO	☒ DELETE
NAME	GONZALES, CHARLES	
STREET ADDRESS	6001 INDIAN SCHOOL RD., NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87110	
TITLE	COO	☒ DELETE
NAME	HODOR, KENNETH R	
STREET ADDRESS	2845 AVENTURA BLVD.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	☒ DELETE
NAME	SCHOFIELD, ERNEST A	
STREET ADDRESS	6001 INDIAN SCHOOL RD., NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87110	
TITLE	D	☒ DELETE
NAME	ELLIOTT, NEAL M	
STREET ADDRESS	6001 INDIAN SCHOOL RD., NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	☐ Change ☒ Addition
1.2 NAME	RICHARD M. SCRUSHY	
1.3 STREET ADDRESS	ONE EHATLHSOUTH PARKWAY	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME	P. DARYL BROWN	
2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
3.1 TITLE	V/S/D	☐ Change ☒ Addition
3.2 NAME	ANTHONY J. TANNER	
3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
4.1 TITLE	V/T	☐ Change ☒ Addition
4.2 NAME	MICHAEL D. MARTIN	
4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
5.1 TITLE	V/D	☐ Change ☒ Addition
5.2 NAME	JAMES P. BENNETT	
5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
6.1 TITLE	V	☐ Change ☒ Addition
6.2 NAME	RICHARD E. BOTTS	
6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: Richard E. Botts RICHARD E. BOTTS 4/29/98 (205)967-7116