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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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DO NOT WRITE IN THIS SPACE

DOCUMENT # 671739 (1)

1. Corporation Name
ORTHOPAEDIC ASSOCIATES OF BROWARD, INC.

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

3. Date Incorporated or Qualified: 06/01/1980

2. Principal Place of Business	2a. Mailing Address
21 ONE HEALTHSOUTH PARKWAY	26 P O BOX 380546
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BIRMINGHAM, AL	City & State 28 BIRMINGHAM, AL
Zip 24 35243 Country 25 US	Zip 29 35238 Country 30 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	10. Name and Address of New Registered Agent
REITMAN, HAROLD S. M.D. 350 N. PINE ISL RD #2 PLANTATION FL 33324	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: Reite Morris
Signature(s) for registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	C/D	☐ Change ☒ Addition
NAME	REITMAN, HAROLD S M.D.		1.2 NAME	RICHARD M. SCRUSHY	
STREET ADDRESS	350 N PINE ISLAND RD. #2		1.3 STREET ADDRESS	ONE EHATLHSOUTH PARKWAY	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	V	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	KLEIMAN, RICHARD S. M.D.		2.2 NAME	P. DARYL BROWN	
STREET ADDRESS	350 N. PINE ISL RD #2		2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	CEO	☒ DELETE	3.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME	GONZALES, CHARLES		3.2 NAME	ANTHONY J. TANNER	
STREET ADDRESS	6001 INDIAN SCHOOL RD., NE		3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	ALBUQUERQUE NM 87110		3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	COO	☒ DELETE	4.1 TITLE	V/T	☐ Change ☒ Addition
NAME	HODOR, KENNETH R		4.2 NAME	MICHAEL D. MARTIN	
STREET ADDRESS	2645 AVENTURA BLVD.		4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	AVENTURA FL 33180		4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	VP	☒ DELETE	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME	SCHOFIELD, ERNEST A		5.2 NAME	JAMES P. BENNETT	
STREET ADDRESS	6001 INDIAN SCHOOL RD., NE		5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	ALBUQUERQUE NM 87110		5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	D	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	ELLIOTT, NEAL M		6.2 NAME	RICHARD E. BOTTS	
STREET ADDRESS	6001 INDIAN SCHOOL RD., NE		6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	ALBUQUERQUE NM 87110		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