

FILE NOW: FILING FEE IS \$61.25

• NONPROFIT CORPORATION ANNUAL REPORT 1997



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

APPROVED AND FILED

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97 OCT 13 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 701654 (6)
1. Corporation Name
THE FLORIDA ORTHOPEDIC SOCIETY, INC.

Principal Place of Business Mailing Address
4 COLUMBIA DRIVE 4 COLUMBIA DRIVE
710 710
TAMPA FL 33606 TAMPA FL 33606-3568
US US

3. Date Incorporated or Qualified 11/09/1960
3a. Date of Last Report 02/08/1996

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

4. FEI Number 59-6142215 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

9. Name and Address of Current Registered Agent
ROY SANDERS, M.D.
4 COLUMBIA DRIVE
SUITE 710
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002320613--6
84 City 10/15/97 01041 012
*****61.FL *****61.25

11 Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE 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 DELETED
NAME BELLAMY, RAYMOND M
STREET ADDRESS 1511 SURGEONS DR., #C
CITY-ST-ZIP TALLAHASSEE FL
TITLE VD DELETED
NAME WILLIAMS, J. W
STREET ADDRESS 4203 BELFORT RD., #150
CITY-ST-ZIP JACKSONVILLE FL
TITLE D DELETED
NAME CATANZARO, ROBERT M
STREET ADDRESS 4800 N.E. 20TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL
TITLE STD DELETED
NAME CAMPBELL, WAYNE
STREET ADDRESS 1717 NORTH E. STREET #534
CITY-ST-ZIP PENSACOLA FL
TITLE D DELETED
NAME HENDERSON, ROBERT M
STREET ADDRESS 4200 N. HABANA #35
CITY-ST-ZIP TAMPA FL
TITLE ED DELETED
NAME SANDERS, ROY M
STREET ADDRESS 4 COLUMBIA DRIVE, #710
CITY-ST-ZIP TAMPA FL

13. PD PRESIDENT
1.1 TITLE J. WEBSTER WILLIAMS, MD
1.2 NAME 4203 BELFORT RD. #150
1.3 STREET ADDRESS JACKSONVILLE, FL 32216
VD 1ST VICE PRESIDENT
2.1 TITLE WAYNE P. CAMPBELL, MD
2.2 NAME 1717 NORTH "E" STREET, #534
2.3 STREET ADDRESS PENSACOLA, FL 32501
2.4 CITY-ST-ZIP 2ND VICE PRESIDENT
3.1 TITLE ROBERT CATANZARO, MD
3.2 NAME 4725 N FEDERAL HWY
3.3 STREET ADDRESS FT. LAUDERDALE, FL 33308
3.4 CITY-ST-ZIP STD
4.1 TITLE SECRETARY/TREASURER
4.2 NAME ABBOTT KAGAN II, MD
4.3 STREET ADDRESS 8710 COLLEGE PARKWAY
4.4 CITY-ST-ZIP FT. MYERS, FL 33919
4.5 CITY-ST-ZIP ED
5.1 TITLE EXECUTIVE DIRECTOR
5.2 NAME ROY SANDERS, MD
5.3 STREET ADDRESS 4 COLUMBIA DR. SUITE 710
5.4 CITY-ST-ZIP TAMPA, FL 33606

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roy Sanders 1/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047410

CR2F037 (9/96)



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FLORIDA ORTHOPAEDIC SOCIETY

August 25, 1997.

Wayne P. Campbell, M.D.
President

Robert J. Catanzaro, M.D.
1st Vice-President

Abbott Kagan II, M.D.
2nd Vice-President

J. Dean Cole, M.D.
Secretary/Treasurer

Roy W. Sanders, M.D.
Executive Director

SOCIETY JOURNAL
Albert A. Wilson, M.D.
Editor-in-Chief

EXECUTIVE COMMITTEE
Mark Brown, M.D., Ph.D.
J. Dean Cole, M.D.
Bret Bolhofner, M.D.
Thomas Bernasek, M.D.
Mark Fahey, M.D.
Robert L. Murrain, M.D.
J. Webster Williams, M.D. (*ex officio*)
Roy W. Sanders, M.D. (*ex officio*)

AAOS BOARD OF COUNCILORS
Raymond E. Bellamy III, M.D.
J. Dean Cole, M.D.
Jerry E. Enis, M.D.
John Lovejoy, Jr., M.D.
Abbott Kagan II, M.D.

COMMITTEE CHAIRMEN
Robert J. Catanzaro, M.D.
Budget & Finance

John Lovejoy, M.D.
Ethics

Stephen Lucie, M.D.
Sports Medicine

Robert C. Mumby, M.D.
Workers' Compensation

Robert J. Catanzaro, M.D.
By-Laws

Raymond E. Bellamy III, M.D.
Professional Liability Legislative

J. Webster Williams, M.D.
Planning & Development

Mark Brown, M.D., Ph.D.
1998 Program Chairman

J. Dean Cole, M.D.
Trauma

Thomas R. Sprenger, M.D.
*Representative To FMA Council
of Specialty Medicine*

ADMINISTRATION
Dawne Philip

Amy Alan
Document Specialist
Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: REFERENCE #701654

Thanks for your letter of August 11, 1997. Unfortunately, I did not receive your correspondence of March 7, 1997, which was sent to me. On checking with my accounting department, it was brought to my attention that my check of \$61.25 which you had returned to me had still not cleared the bank. I will assume that your correspondence to me of March 7th was lost.

Enclosed, please find corrected Annual Report together with a new check in the amount of \$61.25. (I spoke with one of your representatives to clarify that the amount of \$165.00 was incorrect)

Sincerely,

Dawne Philip
Secretarial Assistant
FLORIDA ORTHOPAEDIC SOCIETY