

FILED

Apr 15 1998 8:00am
Secretary of State

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



ANNUAL REPORT
1998

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
US US

3. Date Incorporated or Qualified
11/09/1960
4. FEI Number Applied For
59-6142215 Not Applicable

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 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
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
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
84 City FL 85 Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, J. WEBSTER MD | |
| STREET ADDRESS | 4203 BELFORT RD. #150 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, WAYNE P MD | |
| STREET ADDRESS | 1717 NORTH "E" STREET, #534 | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | CATANZARO, ROBERT MD | |
| STREET ADDRESS | 4725 N. FEDERAL HWY. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | ABBOTT, KAGEN II MD | |
| STREET ADDRESS | 8710 COLLEGE PARKWAY | |
| CITY-ST-ZIP | FT. MYERS FL 33919 | |
| TITLE | ED | <input type="checkbox"/> DELETE |
| NAME | SANDERS, ROY MD | |
| STREET ADDRESS | 4 COLUMBIA DRIVE, SUITE 710 | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CAMPBELL, WAYNE P MD | |
| 1.3 STREET ADDRESS | 1717 NORTH "E" STREET, #534 | |
| 1.4 CITY-ST-ZIP | PENSACOLA, FL 32501 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CATANZARO, ROBERT J MD | |
| 2.3 STREET ADDRESS | 4725 N FEDERAL HWY | |
| 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 | |
| 3.1 TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | KAGAN, ABBOTT II MD | |
| 3.3 STREET ADDRESS | 8710 COLLEGE PARKWAY | |
| 3.4 CITY-ST-ZIP | FT. MYERS, FL 33919 | |
| 4.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | COLE, J. DEAN MD | |
| 4.3 STREET ADDRESS | 1118 S. ORANGE AVE | |
| 4.4 CITY-ST-ZIP | ORLANDO, FL 32806 | |
| 5.1 TITLE | ED | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | NO CHANGE | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/17/98

CP2E037 (10/97)