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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701654

1. Corporation Name

THE FLORIDA ORTHOPEDIC SOCIETY, INC.

Principal Place of Business

4 COLUMBIA DRIVE
710
TAMPA FL 33606
US

Mailing Address

4 COLUMBIA DRIVE
710
TAMPA FL 33606
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/09/1960

22 City & State

27 City & State

4. FEI Number
59-6142215

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY SANDERS, M.D.
4 COLUMBIA DRIVE
SUITE 710
TAMPA FL 33606

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, typed or printed name of 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, WAYNE P. MD	1.2 NAME	
STREET ADDRESS	1717 NORTH 'E' STREET, #534	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATANZARO, ROBERT J MD	2.2 NAME	
STREET ADDRESS	4725 N FEDERAL HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGAN, ABBOTT II MD	3.2 NAME	
STREET ADDRESS	8710 COLLEGE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, J. DEAN MD	4.2 NAME	
STREET ADDRESS	1118 S. ORANGE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	4.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, ROY MD	5.2 NAME	
STREET ADDRESS	4 COLUMBIA DRIVE, SUITE 710	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)