1/21/00-90114-011-$61.25-$61.25

DOCUMENT # 701654

1. Entity Name

THE FLORIDA ORTHOPEDIC SOCIETY, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State
01-21-2000 90114 011 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4 COLUMBIA DRIVE 710 TAMPA FL 33606 US	4 COLUMBIA DRIVE 710 TAMPA FL 33308-4603 US

2. Principal Place of Business	3. Mailing Address
4725 N. FEDERAL Hwy	3900 N. Causeway Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1470
City & State: FORT LAUDERDALE FL	City & State: METAIRIE, LA
Zip: 33308 Country:	Zip: 70002 Country:

4. FEI Number: 59-6142215 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROY SANDERS, M.D. 4 COLUMBIA DRIVE SUITE 710 TAMPA FL 33606	Name: MICHAEL J TAYLOR Street Address/P.O. Box Number: 4244 W. Tennessee St. #303 Tallahassee, FL 32304-1033

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Michael J Taylor Michael J Taylor E.D. 1/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, WAYNE P. MD 1717 NORTH 'E' STREET, #534 PENSACOLA FL 32501	☐ Delete	MICHAEL J TAYLOR 3900 N. CAUSEWAY BLVD STE 1470 METAIRIE, LA 70002	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CATANZARO, ROBERT J MD 4725 N FEDERAL HWY FT. LAUDERDALE FL 33308	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KAGAN, ABBOTT II MD 8710 COLLEGE PARKWAY FT. MYERS FL 33919	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COLE, J. DEAN MD 1118 S. ORANGE AVE ORLANDO FL 32806	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SANDERS, ROY MD 4 COLUMBIA DRIVE, SUITE 710 TAMPA FL 33606	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J Taylor, MD 1/11/00 504-451-3243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT J. CATANZARO, M.D.