AMENDED

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 APR -2 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400002465294--9
-03/23/98--01101--006
*****35.00 *****35.00

DOCUMENT # F28429

1. Corporation Name

MIAMI ORTHOPAEDIC & SPORTS MEDICINE SPECIALISTS, P.A.

Principal Place of Business
7867 North Kendall Dr.
Suite 100
Miami, Florida 33156

Mailing Address
7867 North Kendall Dr.
Suite 100
Miami, Florida 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 1, 1981

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2076297 — 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

JOSEPH B. ZAGORSKI, M.D.
7867 North Kendall Drive
Suite 100
Miami, Florida 33156

10. Name and Address of New Registered Agent

81 Name
400002465294--9
04/01/98--01030--007
*****26.25 *****26.25
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required which reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	Joseph B. Zagorski, M.D.	
STREET ADDRESS	7867 North Kendall Dr., #100	
CITY-ST-ZIP	Miami, Florida 33156	
TITLE	D/S/T	☐ DELETE
NAME	Joel H. Schenkman, M.D.	
STREET ADDRESS	7867 North Kendall Dr., 100	
CITY-ST-ZIP	Miami, Florida 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☐ Change ☐ Addition
1.2 NAME	Joseph B. Zagorski, M.D.	
1.3 STREET ADDRESS	7867 North Kendall Dr., #100	
1.4 CITY-ST-ZIP	Miami, Florida 33156	
2.1 TITLE	D/VP/T	☒ Change ☐ Addition
2.2 NAME	Joel H. Schenkman, M.D.	
2.3 STREET ADDRESS	7867 North Kendall Dr. #100	
2.4 CITY-ST-ZIP	Miami, Florida 33156	
3.1 TITLE	D/S	☒ Change ☐ Addition
3.2 NAME	Joseph Fernandez, M.D.	
3.3 STREET ADDRESS	7867 North Kendall Dr., #100	
3.4 CITY-ST-ZIP	Miami, Florida 33156	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: _____ 3-30-98 (305) 598-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #