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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F77226** **(1)**

1. Corporation Name

FELCAN ORTHOPEDIC CONSULTANTS, INC.

Principal Place of Business	Mailing Address
4561 PONCE DE LEON BLVD. CORAL GABLES FL 33146 US	4836 GRAPEVINE WAY DAVIE FL 33331 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1982	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business: 21 8356 BIRD ROAD	2a. Mailing Address: 26 SEE BLOCK # 2
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 MIAMI FL	City & State: 28
Zip: 24 33155 Country: 25 DADE	Zip: 29 Country: 30
4. FEI Number: 59-2271910	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	10. Name and Address of New Registered Agent
FRIEND, MICHAEL R., ESQ. 201 SEVILLA AVENUE, STE 202 CORAL GABLES FL 33134	81 Name: WILLIAM WHITTICK 82 Street Address (P.O. Box Number is Not Acceptable): 4836 GRAPEVINE WAY 83: / 84 City: DAVIE FL 85 Zip Code: 33331

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 X [signature] WM. G. WHITTICK (Pres) 4/27/95
Signature (Typed or Printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when name is changed DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	WHITTICK, WILLIAM	1 2 NAME	
STREET ADDRESS	4836 GRAPEVINE WAY	1 3 STREET ADDRESS	
CITY · ST · ZIP	DAVIE FL	1 4 CITY · ST · ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	WHITTICK, MADELEINE	2 2 NAME	
STREET ADDRESS	4836 GRAPEVINE WAY	2 3 STREET ADDRESS	
CITY · ST · ZIP	DAVIE FL	2 4 CITY · ST · ZIP	
TITLE	SD	3 1 TITLE	☐ Change ☐ Addition
NAME	WHITTICK, WENDY FAITH	3 2 NAME	
STREET ADDRESS	5700 CLLINS AVE., #12-C	3 3 STREET ADDRESS	
CITY · ST · ZIP	MIAMI BCH. FL	3 4 CITY · ST · ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY · ST · ZIP		4 4 CITY · ST · ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY · ST · ZIP		5 4 CITY · ST · ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY · ST · ZIP		6 4 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X [signature] 4/7/95 305 227 1241
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR Date Daytime Phone #

0236884 CP