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 JUN -4 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # H08745 (2)

1. Corporation Name
SOUTH DADE ORTHOPEDIC ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
9299 S.W. 152ND STREET MIAMI FL 33157	9299 S.W. 152ND STREET MIAMI FL 33157

3. Date Incorporated or Qualified: 06/22/1984

2. Principal Place of Business
21 ONE HEALTHSOUTH PARKWAY
Suite, Apt. #, etc.
22
City & State
23 BIRMINGHAM, AL
Zip 24 35243 Country 25 US

2a. Mailing Address
26 P O BOX 380546
Suite, Apt. #, etc.
27
City & State
28 BIRMINGHAM, AL
Zip 29 35238 Country 30 US

4. FEI Number: 59-2417574 ☐ 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
STEINER, SAMUEL S. M.D.
9299 S.W. 152ND STREET
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: Dale Morris
Signature, typed or printed name of individual with authority to sign (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	C/D	☐ Change ☒ Addition
NAME	GREEN, KARL W M.D.		1.2 NAME	RICHARD M. SCRUSHY	
STREET ADDRESS	9299 S.W. 152ND STREET		1.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	VD	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	LANG, ELLIOT M.D.		2.2 NAME	P. DARYL BROWN	
STREET ADDRESS	9299 S.W. 152ND STREET		2.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	SD	☒ DELETE	3.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME	EVANS, THEODORE M.D.		3.2 NAME	ANTHONY J. TANNER	
STREET ADDRESS	9299 S.W. 152ND STREET		3.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	TD	☒ DELETE	4.1 TITLE	V/T	☐ Change ☒ Addition
NAME	STEINER, SAMUEL M.D.		4.2 NAME	MICHAEL D. MARTIN	
STREET ADDRESS	9299 S.W. 152ND STREET		4.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	CEO	☒ DELETE	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME	GONZALES, CHARLES		5.2 NAME	JAMES P. BENNETT	
STREET ADDRESS	6001 INDIAN SCHOOL RD NE		5.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	ALBUQUERQUE NJ		5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	D	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	ELLIOTT, NEAL M		6.2 NAME	RICHARD E. BOTTS	
STREET ADDRESS	6001 INDIAN SCHOOL RD NE		6.3 STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	
CITY-ST-ZIP	ALBUQUERQUE NM		6.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	

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 attached sheet with the address.

SIGNATURE: Richard E. Botts RICHARD E. BOTTS 4/29/98 (205)967-7116