FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION**

ANNUAL REPORT

1998

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

FILED May 15 1998 8:00am Secretary of State

1. Corporation	MENT # H98295 ORIDA KNEE CENTER, P.A.	i (9)			8/8/1 8/8/4 8/6// 8/8/4 8/8/4 8/8/4 8/8/4 18/8/
Principal Place of Business Mailing Address				-{	BIRNI BIRNI BIRNI BIRNI BIRNI BIRNI NATA
1680 GULF TO BAY BLVD.		1660 GULF TO BAY BLVD.			
CLEARWATER FL 34615		CLEARWATER FL 34615			
				DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified	
9 Principal Pi	ace of Business	2a. Mailing Address		02/10/1986 4. FEI Number	Applied For
21 26		├ -¬ "		59-2639696	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	·
24	25	29	30	Personal Property Tax due June 3	ıo. XYes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	stered Agent
	RRAY, MARIELLEN		81 Name		
1660 QULF TO BAY BLVD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34615		83			
		}	03		
	$\langle \langle \rangle \rangle$	01	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 647 0502 and 507 508, Forida delutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered age of or both, in the State of Floring Sucty 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 spligations of the submit of t					
agent. La/	n familiar with, and accord no inigati	ons (f, fection 607 0505, Fl	orida Gtatutes.	20 0:00	
SIGNATURE	Signate, typed or printed name of registered agent.	e of the decision (NO)	I. Hegistered agent signature require	ad uton reinstation) HPWWW	<u> </u>
12.	OFFICERS AND		13./	ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTORS IN 12
TITLE	PO	DELETE	1.y TITLE		Change Addition
NAME	B ARRETT, JOHN P., JR.		1.2 NAME		
STREET ADDRESS	1660 GULF-TO-BAY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - \$1 - ZIP		
TITLE		☐ DELETÉ	2.1 7ITLE		Change Addition 1
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		[_] bittit	3.2 NAME		The cuantity of the control of the c
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T referen	5.4 CITY-ST-ZIP		Obenes T Alle
TITLE		☐ DĒLĒTE	61 TITLE	-	L Change Addition
NAME PERFET APPROVA			62 NAME		
STREET ADDRESS) /	O 3 STREET ADDRESS		
14. I hereby c	ertify that the information supplied with	him ling does not qualify	64 CITY-ST-ZIP the exemption stated in	Section 119.07(3)(i), Florida Statutes, Lfu	urther certify that the information
indicated	on this annual report or supplymental a	ivius report is rue and acc	rate and that my signatur	Section 119.07(3)(i), Florida Statutes, I fure shall have the same legal effect as if n	nade under oath; that I am an

ocule this report as required by Chapter 607, Florida Statutes; and that my name appears in