


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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *J98941*

1. Corporation Name
ORTHOPEDIC ASSOCIATES, PA

Principal Place of Business 2400 N. Courtenay Parkway Merritt Island, Florida 32953	Mailing Address 2400 N. Courtenay Parkway Merritt Island, Florida 32953
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2. Principal Place of Business 21 2400 N. Courtenay Pkwy Suite, Apt. #, etc.	2a. Mailing Address 26 2400 N. Courtenay Pkwy Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/27/1987	3a. Date of Last Report 5/1/1996
22 City & State 23 Merritt Island, Florida Zip 24 32953	27 City & State 28 Merritt Island, Florida Zip 29 32953	4. FEI Number 59-2854444	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GUZMAN, JEROME M.D. 2400 N. Courtenay Parkway Merritt Island, Florida 32953	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE PD <input type="checkbox"/> DELETE 12.2 NAME GUZMAN, JEROME 12.3 STREET ADDRESS 2400 N. Courtenay Parkway 12.4 CITY-ST-ZIP Merritt Island, Florida 32953	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 TITLE <input type="checkbox"/> DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP	13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP	13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP	13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP	13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.21 TITLE <input type="checkbox"/> DELETE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP	13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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: *Jerome Guzman M.D.* **4-28-97** **407-452-2663**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jerome Guzman

CR2E034 (9/96)