

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K09827 (2)**

1. Corporation Name
TALLHASSEE ORTHOPEDIC CLINIC, P.A.



Principal Place of Business: **C/O ROBERT PIERCE, 227 S. CALHOUN ST., TALLHASSEE FL 32301-1805**
Mailing Address: **C/O ROBERT PIERCE, 227 S. CALHOUN ST., TALLHASSEE FL 32301-1805**

3. Date Incorporated or Qualified: **01/01/1988**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2866537**
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

2. Principal Place of Business: **21 % Thomas W. Lager, Esq., 354 Office Plaza, Tallahassee, FL 32301**
2a. Mailing Address: **26 % Thomas W. Lager, Esq., 354 Office Plaza, Tallahassee, FL 32301**

9. Name and Address of Current Registered Agent: **LAGER, THOMAS W ESQ., 354 OFFICE PLAZA, TALLHASSEE FL 32301**
10. Name and Address of New Registered Agent: **81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	<input type="checkbox"/> DELETE	1.1 TITLE: Donald M. Dewey, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HANEY, TOM C.		1.2 NAME: 3334 Capital Medical Blvd., Ste. 400	
STREET ADDRESS: 3334 CAPITAL MEDICAL BLVD, SUITE 400		1.3 STREET ADDRESS: Tallahassee, FL 32308 SD	
CITY-ST-ZIP: TALLHASSEE FL		1.4 CITY-ST-ZIP: Tallahassee, FL 32308 SD	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE: Kris D. Stowers, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HENDERSON, W. D., JR.		2.2 NAME: 3334 Capital Medical Blvd., Ste. 400	
STREET ADDRESS: 3334 CAPITAL MEDICAL BLVD, SUITE 400		2.3 STREET ADDRESS: Tallahassee, FL 32308 D	
CITY-ST-ZIP: TALLHASSEE FL		2.4 CITY-ST-ZIP: Tallahassee, FL 32308 D	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Steve F. Jordan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SCHMIDT, TIM T.		3.2 NAME: 3334 Capital Medical Blvd., Ste. 400	
STREET ADDRESS: 3334 CAPITAL MEDICAL BLVD, SUITE 400		3.3 STREET ADDRESS: Tallahassee, FL 32308 D	
CITY-ST-ZIP: TALLHASSEE FL		3.4 CITY-ST-ZIP: Tallahassee, FL 32308 D	
TITLE: TD	<input type="checkbox"/> DELETE	4.1 TITLE: Gregg A. Alexander, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: THORNBERRY, ROBERT L.		4.2 NAME: 3334 Capital Medical Blvd., Ste. 400	
STREET ADDRESS: 3334 CAPITAL MEDICAL BLVD., SUITE 400		4.3 STREET ADDRESS: Tallahassee, FL 32308 D	
CITY-ST-ZIP: TALLHASSEE FL		4.4 CITY-ST-ZIP: Tallahassee, FL 32308 D	
TITLE: VD	<input type="checkbox"/> DELETE	5.1 TITLE: J. Rick Lyon, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WINGO, CHARLES H. (2ND)		5.2 NAME: 3334 Capital Medical Blvd., Ste. 400	
STREET ADDRESS: 3334 CAPITAL MEDICAL BLVD., SUITE 400		5.3 STREET ADDRESS: Tallahassee, FL 32308 D	
CITY-ST-ZIP: TALLHASSEE FL		5.4 CITY-ST-ZIP: Tallahassee, FL 32308 D	
TITLE: VD	<input type="checkbox"/> DELETE	6.1 TITLE: Mark E. Fahey, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WINGO, CHARLES H. (2ND)		6.2 NAME: 3334 Capital Medical Blvd., Ste. 400	
STREET ADDRESS: 3334 CAPITAL MEDICAL BLVD., SUITE 400		6.3 STREET ADDRESS: Tallahassee, FL 32308 D	
CITY-ST-ZIP: TALLHASSEE FL		6.4 CITY-ST-ZIP: Tallahassee, FL 32308 D	

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: **Tom Lager** DATE: **02/21/96** DAYTIME PHONE: **904/877-8174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

13. Additions to Officers and Directors:

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D. Christian Berg, M.D.
3334 Capital Medical Boulevard, Ste. 400
Tallahassee, FL 32308

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Billy C. Weinstein, M.D.
3334 Capital Medical Boulevard, Ste. 400
Tallahassee, FL 32308

D

Richard E. Blackburn, M.D.
3334 Capital Medical Boulevard, Ste. 400
Tallahassee, FL 32308