

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K09827 (2)

1. Corporation Name

TALLAHASSEE ORTHOPEDIC CLINIC, P.A.



Principal Place of Business

Mailing Address

C/O ROBERT PIERCE
227 S. CALHOUN ST.
TALLAHASSEE FL 32301-1805

C/O ROBERT PIERCE
227 S. CALHOUN ST.
TALLAHASSEE FL 32301-1805

3. Date Incorporated or Qualified

01/01/1988

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21. ☒ Thomas W. Lager, Esq.

26. ☒ Thomas W. Lager, Esq.

4. FEI Number

59-2866537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

22. 354 Office Plaza

27. 354 Office Plaza

City & State

City & State

23. Tallahassee, FL

28. Tallahassee, FL

Zip 32301

Zip 32301

Country

Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAGER, THOMAS W ESQ.
354 OFFICE PLAZA
TALLAHASSEE FL 32301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME HANEY, TOM C.
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD, SUITE 400
CITY-STATE-ZIP TALLAHASSEE FL

1.1 TITLE Donald M. Dewey, M.D. ☐ Change ☒ Addition
1.2 NAME 3334 Capital Medical Blvd., Ste.
1.3 STREET ADDRESS 400
1.4 CITY-STATE-ZIP Tallahassee, FL 32308 SD

TITLE PD ☐ DELETE
NAME HENDERSON, W. D., JR.
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD, SUITE 400
CITY-STATE-ZIP TALLAHASSEE FL

2.1 TITLE Kris D. Stowers, M.D. ☐ Change ☒ Addition
2.2 NAME 3334 Capital Medical Blvd., Ste.
2.3 STREET ADDRESS 400
2.4 CITY-STATE-ZIP Tallahassee, FL 32308 D

TITLE SD ☒ DELETE
NAME SCHMIDT, TIM T.
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD, SUITE 400
CITY-STATE-ZIP TALLAHASSEE FL

3.1 TITLE Steve E. Jordan ☐ Change ☒ Addition
3.2 NAME 3334 Capital Medical Blvd., Ste.
3.3 STREET ADDRESS 400
3.4 CITY-STATE-ZIP Tallahassee, FL 32308 D

TITLE TD ☐ DELETE
NAME THORNBERRY, ROBERT L.
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD., SUITE 400
CITY-STATE-ZIP TALLAHASSEE FL

4.1 TITLE Gregg A. Alexander, M.D. ☐ Change ☒ Addition
4.2 NAME 3334 Capital Medical Blvd., Ste.
4.3 STREET ADDRESS 400
4.4 CITY-STATE-ZIP Tallahassee, FL 32308 D

TITLE VD ☐ DELETE
NAME WINGO, CHARLES H. (2ND)
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD., SUITE 400
CITY-STATE-ZIP TALLAHASSEE FL

5.1 TITLE J. Rick Lyon, M.D. ☐ Change ☒ Addition
5.2 NAME 3334 Capital Medical Blvd., Ste.
5.3 STREET ADDRESS 400
5.4 CITY-STATE-ZIP Tallahassee, FL 32308 D

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE Mark E. Fahey, M.D. ☐ Change ☒ Addition
6.2 NAME 3334 Capital Medical Blvd., Ste.
6.3 STREET ADDRESS 400
6.4 CITY-STATE-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)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/96

904/877-8174

Date

Daytime Phone #

CR2E034 (12/95)

13. Additions to Officers and Directors:

D

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

D

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