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CORPORATION ANNUAL REPORT **1995**

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

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STATE
93 FEB -2 PM 4:53

DOCUMENT # **K52268** **(5)**

1. Corporation Name

ORTHOPAEDIC ASSOCIATES OF ORANGE PARK P.A.

Principal Place of Business	Mailing Address
1665 KINGSLEY AVE. SUITE 107 ORANGE PARK FL 32073 US	~~% DAVID A. KING, ATTORNEY~~ ~~1416 KINGSLEY AVE.~~ ~~ORANGE PARK FL 32073~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1988
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26 c/o JOHN F. TOLSON, JR. Attorney
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1718 Kingsley Avenue, Ste. 4
City & State 23	City & State 28 Orange Park, Florida
Zip 24 / Country 25	Zip 29 32073 / Country 30 Clay

4. FEI Number: 59-2920771 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~KING, DAVID A~~ ~~ATTORNEY AT LAW~~ ~~1416 KINGSLEY AVENUE~~ ~~ORANGE PARK FL 32073~~	81 Name: JOHN F. TOLSON, JR. 82 Street Address (P.O. Box Number is Not Acceptable): 1718 Kingsley Avenue, Suite 4 83 84 City: Orange Park FL 85 Zip Code: 32073

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: JOHN F. TOLSON, JR. 1/30/95
Signature, type(s) 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	~~DPT~~	11 TITLE	DPST	☐ Change ☐ Addition
NAME	~~HUTTON, PATRICK M.J.,M.D~~	12 NAME	HENRY, Albert MD	
STREET ADDRESS	~~2810 HOLLY PT RD W.~~	13 STREET ADDRESS	1788 Emerald Lane	
CITY ST ZIP	~~ORANGE PARK FL~~	14 CITY-ST-ZIP	Doctors Inlet, FL 32068	
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	HENRY, ALBERT, M.D.	22 NAME		
STREET ADDRESS	1788 EMERALD LANE	23 STREET ADDRESS		
CITY ST ZIP	DRS. INLET FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

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)(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: ALBERT HENRY, President 1/30/95 (904) 269-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

President

0004400 CP