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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morti am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # K52268 1. Corporation Name ORTHOPAEDIC: ASSOCIATES OF ORANGE PARK P.A. Maling Address Principal Place of Business 1665 Kingsley Ave. Suite 107 3a. Date of Last Report 3. Date Incorporated or Qualified Orange Park, FL 32073 12/9/88 4. FE Number 1/30/95 Applied For 2a. Maling Address 2. Principal Place of Business Not Applicable 59-2920771 2301 Park Ave. \$8.75 Additional Suite, Apt #, etc **406** Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State \$5.00 May Be City & State Orange Park, FL Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zic Ζφ Country ☐ Yes **X** No 30 Florida Statutes 32073 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent John F. Tolson, Jr.
Street Address (P.O. Box Number is Not Acceptable) 2301 Park Ave., #406 Zip Code 84 City 32073 11. Pursuant to the provisions of Sections 607.0502 and 607.1509. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

Signature. Orange Park SIGNATURE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition HIL DPST Henry, Albert MD CR2E034 1.2 NAME NAME 1788 Emerald Lane 1.3 STREET ADDRESS STREET ADDRESS Doctors Inlet, FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition [] DELETE 2 1 TITLE TITLE 2.2 NAM 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST. ZIP CITY - S* 7:P Change Add tion [] DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C/TY ST-7/P CITY-ST-ZIP Addition DELETE 4 111/LE TITLE NAME 500001829285 4.3 STREET ADORESS STREET ADDRESS -05/20/96--01045--006 4.4 City - \$1 - Zif CITY-ST ZIF ***200.00 Change Addition DELETE 5 I TITLE TITLE 5.2 NAME 5.0 STHEET ADDRESS STREET ADDRESS 5.4 CHY - ST - ZIP CITY - S1 - ZIP Change DELETE 6 1 TUILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST ZP CITY-ST-7IP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and closs 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 eath; 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 33 thranged, or on 1 attachment with an address.

Doylar e Ptycke #