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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

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DOCUMENT # IVISO273  1. Corporation Name HAND SURGERY ASSOCIATES OF SOUTH FLORIDA, P.A.  Principal Place of Business C/O JOHN C. SEIPP, JR. 2400 AMERIFIRST BLDG. ONE SE THIRD AVE MIAMI FL 33131  Mailing Address C/O JOHN C. SEIPP, JR. 2400 AMERIFIRST BLDG. ONE SE THIRD AVE MIAMI FL 33131					3. Date Incorporated or Qualified  3a. Date of Last Report  07/15/1986			
Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2707071			Applied For
Cuita And H	W oto	26   Suite, Apt, #, etc.			39 270707 1			Not Applicable
Suite, Apt. #	r, 8tC.	27 SQIE; Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	AL . AT . T T T T T T T T T T T T T T T T	City & State			6. Election Campaign Financing		\$5.0	<b>0</b> May Be
<u></u>		28			Trust Fund Contribution			ed to Fees
- <i>7</i> 1p 	Country	Zip	Country	√	8. This corporation has liability for Florida Statutes 🔀 Ye	r intang/ble t es = []] No	tax under s	199.032,
L	25 9. Name and Address of Curren	29   nt Registered Agent	[30]		10. Name and Address of New		Agent	
		<u> </u>	81	Name				
SEIPP, JOHN C., JR. 2400 AMERIFIRST BLDG, ONE SE THIRD AVE MIAMI FL 33131			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			63					
MIAMI	rl 33131		84	City	THE CONTRACT OF STREET, STREET		<b>85</b> Z	ip Code
or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Sect	da. Such change was author	rized by the coru	named corpora ioration's boar	ation submits this statement for the pu d of directors. I hereby accept the app	urpose of ch pointment a	nanging its is registere	registered office d agent. I am
or registere familiar with IGNATURE	ed agent, or both, in the State of Florich, and accept the obligations of, Sect Signature, types or printed name of registeries agent OFFICERS ANS DP BITZ, D. MICHAEL M.D.	da. Such change was authorion 607.0505, Florida Statuti awtitleirappicano	rized by the coru	ioration's boar	d of directors. Thereby accept the app	pointment a	s registere	d agent. I am  ORS IN 12
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appears in Block 12 or Block 13 if chall

SIGNATURE:

D. Mchael BITZ 3/26/96 305-271-2982