

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 # N94000002750

1. Corporation Name

Tampa Bay Orthopaedic Federation, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

5/27/94

3a. Date of Last Report

5/1/95

2. Principal Place of Business

2a. Mailing Address

21 2323 Curlew Road

26

Suite Apt #, etc

Suite, Apt #, etc

22 Suite 7E

27

City & State

City & State

23 Palm Harbor, FL

28

Zip

Country

Zip

Country

24 34683

25

USA

29

30

4. FEI Number

59-3251342

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

81 Name

JM Abernathy

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

2323 Curlew Road

83

Suite 7E

84 City

Palm Harbor

FL

85 Zip Code

34683

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

JM Abernathy

JM Abernathy

Signature of registered agent and fee, if applicable.

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME Robert A. Callahan
STREET ADDRESS 6101 Webb Road
CITY, ST, ZIP Tampa, FL 33615

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE VD
NAME Lawrence ND Cohen
STREET ADDRESS 4600 North Habana Avenue, #35
CITY, ST, ZIP Tampa, FL 33614

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE SD
NAME Luis END Kortright
STREET ADDRESS 4600 North Habana Avenue, #35
CITY, ST, ZIP Tampa, FL 33614

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE TD
NAME GE Vega
STREET ADDRESS 4600 North Habana Avenue, #35
CITY, ST, ZIP Tampa, FL 33614

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

100001865861
-06/18/96--01133--023
***225.00

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:

Robert A. Callahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Callahan

DATE

REGISTERED AGENT

CR2E034 (12/95)