

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 18 1997 8:00am  
Secretary of State

DOCUMENT # N94000002750 (7)

1. Corporation Name

TAMPA BAY ORTHOPAEDIC FEDERATION, INC.



Principal Place of Business

Mailing Address

2323 CURLEW ROAD  
SUITE 7E  
PALM HARBOR FL 34683

2323 CURLEW ROAD  
SUITE 7E  
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1994  
3a. Date of Last Report 06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 PO BOX 20447

4. FEI Number 59-3251342  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State  
TAMPA, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fees

23 Zip Country

28 Zip Country

24 33622-0447 25

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABERNATHY, J M  
2323 CURLEW ROAD  
SUITE 7E  
PALM HARBOR FL 34683

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 617.0502 and 617.1508, 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 617.0503, 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 PD  
NAME CALLAHAN, ROBERT A  
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 COHEN, LAWRENCE ND  
STREET ADDRESS 4800 N. HABANA AVE. #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 KORTRIGHT, LUIS E ND  
STREET ADDRESS 4800 N. HABANA AVE. #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 VEGA, G E  
STREET ADDRESS 4800 N. HABANA AVE. #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

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED 9/6/97 (813) 821-1404

CR2E037 (4/97)