

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 # P93000021550 (7)

1. Corporation Name

ORTHOPAEDIC REHABILITATION AND SPORTS MEDICINE,
INC.



Principal Place of Business

4063 SALISBURY RD
108
JACKSONVILLE FL 32216
US

Mailing Address

4063 SALISBURY RD
108
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3174821

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

PEEK, EUGENE G III
~~1609 GULF LIFE TOWER~~
JACKSONVILLE FL 32207

81 Name

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

1609 RIVERPLATE TOWER

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature is required when reinstating)

DATE

3/4/96

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BEHRENS, JOHN W
4242 ORISTANO RD.
JACKSONVILLE FL 32244

☐ DELETE

2.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
YOUNG, RICHARD A
4446 HOLLYGATE DR.
JACKSONVILLE FL 32258

☐ DELETE

3.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
2.1 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/96 (904) 296 7334

CR2E034 (12/95)