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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000065761 (7)**

1. Corporation Name

ORTHOPAEDIC ALLIANCE, INC.

Principal Place of Business

Mailing Address

**903 MEADOWS ROAD
BOCA RATON FL 33486
US**

~~903 MEADOWS ROAD
BOCA RATON FL 33486
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1993

4. FEI Number

65-0439372

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **11007 N.W. 49 DRIVE**

27 Suite, Apt. #, etc.

28 City & State

29 **CORN SPRINGS FL**

30 Zip

31 **33076**

32 Country

33 **USA**

9. Name and Address of Current Registered Agent

**WIDNER, ERIC
903 MEADOWS ROAD
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **COONEY, MICHAEL M**
STREET ADDRESS **1411 N. FLAGLER DR.**
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ DELETE

NAME **CHALAL, JOSEPH B**
STREET ADDRESS **4801 S CONGRESS AVE**
CITY - ST - ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ DELETE

NAME **COOK, FRANK M**
STREET ADDRESS **1411 N. FLAGLER DR.**
CITY - ST - ZIP **W. PALM BCH. FL 33401**

TITLE **D** ☐ DELETE

NAME **SCHOSHEIM, PETER M**
STREET ADDRESS **903 MEADOWS RD**
CITY - ST - ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ DELETE

NAME **BLUMBERG, KALMAN M**
STREET ADDRESS **4875 N. FEDERAL HWY., #800**
CITY - ST - ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 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]

[Signature]

3/16/98

5613915515

CR2E034 (10/97)