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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000079631 (6)

1. Corporation Name

ORTHOPAEDIC CENTER OF SOUTH FLORIDA, P.A.



Principal Place of Business

350 NORTH PINE ISLAND ROAD
SUITE 100
PLANTATION FL 33324

Mailing Address

350 NORTH PINE ISLAND ROAD
SUITE 100
PLANTATION FL 33324-1862

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 600 SOUTH PINE ISLAND ROAD 600 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27 SUITE 300

City & State

City & State

23 PLANTATION FL

28 PLANTATION FL

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EASTLUCK, LEWIS
11801 SW 3RD STREET
PLANTATION FL 33324

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 in block 12 or 13 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROLNICK, AUDIE M. M.D.
STREET ADDRESS 350 NORTH PINE ISLAND ROAD, SUITE 100
CITY-ST-ZIP PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 #

0263016

CR2E034 (9/96)