FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032716 (0)

1. Current Name:

CENTER FOR BONE & JOINT SURGERY OF THE PALM BEAC
HES, P.A.

Principal Place of Business:

4915 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461

Mailing Address:

4915 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

State Acct. # (if any)
22

State Acct. # (if any)
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 65-0491253 ☐ 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. *Does corporation have liability tax chargeable to under S. 199.032, Florida Statutes?* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHERRY, RICHARD G ESQ.
1666 PALM BEACH LAKES BLVD.
STE. 600
WEST PALM BEACH FL 33401

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 Section 607.0501 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	MONTIJO, HARVEY MD	02 NAME	
03 STREET ADDRESS	4915 SOUTH CONGRESS	03 STREET ADDRESS	
04 CITY ST ZIP	LAKE WORTH FL 33461	04 CITY ST ZIP	
05 TITLE		05 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY ST ZIP		08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	

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)(i), Florida Statutes. Further certify that the 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 above, or on an attachment with an address.

SIGNATURE: [signature] Harvey Montijo 5/16/95 768-6642 9-E

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0270637 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

APPROVED
AND
FILED

95 MAY 15 PM 1:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000032792 (1)**

1 Entity Name

CHILD SAFE PUBLISHING COMPANY

Principal Office

1200 N. FEDERAL HWY
SUITE 200
BOCA RATON FL 33432

Mailing Address

1200 N. FEDERAL HWY
SUITE 200
BOCA RATON FL 33432

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 04/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #
22
City, State
23
Zip
24 25

2a. Mailing Address
26
Suite, Apt. #
27
City, State
28
Zip
29 30

4. FEI Number: 65-0488157
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. Does corporation own, lease, or otherwise hold or utilize agricultural land in Florida? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

GILBERT, RICHARD I
7025 BERACASA WAY
SUITE 208
BOCA RATON FL 33433

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 Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

Title	
NAME	
Street Address	
City-State-Zip	
Title	
NAME	
Street Address	
City-State-Zip	
Title	
NAME	
Street Address	
City-State-Zip	
Title	
NAME	
Street Address	
City-State-Zip	
Title	
NAME	
Street Address	
City-State-Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	[ ] Change [X] Addition
NAME	PRESIDENT
Street Address	MARTIN FERRELL
City-State-Zip	950 LAVERS CR #202
	DELRAY BCH., FL 33444
Title	[ ] Change [ ] Addition
NAME	
Street Address	
City-State-Zip	
Title	[ ] Change [ ] Addition
NAME	
Street Address	
City-State-Zip	
Title	[ ] Change [ ] Addition
NAME	
Street Address	
City-State-Zip	
Title	[ ] Change [ ] Addition
NAME	
Street Address	
City-State-Zip	
Title	[ ] Change [ ] Addition
NAME	
Street Address	
City-State-Zip	

14. I declare, under penalty of perjury, that the information supplied with this report is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: MARTIN FERRELL 5/10/95 407-243-8813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0260297 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000033305 (1)

1. Corporate Name

DAVID A. FLICK, M.D., P.A.

Principal Place of Business	Mailing Address
467 HARBOR DRIVE NORTH INDIAN ROCKS BEACH FL 34635	467 HARBOR DRIVE NORTH INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1260 S. Greenwood Ave	26 1260 S. Greenwood Ave
Suite, Apt # etc: 22 Suite B	Suite, Apt # etc: 27 Suite B
City & State: 23 Clearwater, FL	City & State: 28 Clearwater, FL
Zip: 24 34616 County: 25 Pinellas	Zip: 29 34616 County: 30 Pinellas

4. FEI Number: 59 3239383 — 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GASSMAN, ALAN S 1212 COURT ST. SUITE B CLEARWATER FL 34616	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[ ] Change [ ] Addition
NAME	FLICK, DAVID A	
STREET ADDRESS	467 HARBOR DRIVE NORTH	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: David A Flick MD PA — 5-16-95 — 813-446-4759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0370898 CP