FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400067194

BERRYHILL ORTHOPAEDICS, P.A.

Prin	cipal Plac	e of	Busine
4 404	DEDDW H		

Mailing Address

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90030 022 ***150.00



1461 BERRYHILL RD. 1461 BERRYHILL RD. MILTON FL 32570 MILTON FL 32570			DO NOT WRITE IN THIS SPACE			
·			3. Date Incorporated or Qualifed			
			09/13/1994			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-3273445	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required			
City & State City & State 28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country 24 25	Zip Cou	untry	This corporation owes the current year In Personal Property Tax.	ntangible ∭Yes □No		
Name and Address of Current Registered Agent			10. Name and Address of New Registered	l Agent		
SZYMONIAK, PETER M M.D. 1461 BERRYHILL RD. MILTON FL 32570		81 Name				
		82 Street Addre	2 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						

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 □ DELETE TITLE DP 1.1 TITLE SZYMONIAK, PETER M M.D. NAME 1.2 NAME 1461 BERRYHILL RD. STREET ADDRESS 1.3 STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition ☐ Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 20 計画は水波性的発酵 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE : Change : Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE ☐ Addition 5.1 TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change ☐ Addition TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 inaumy 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, with all other like propages.

Peter M. Szymoniak E REC

01-08

-99 (850) 626-1461