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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078430 (3)**

1. Corporation Name
BAY AREA ORTHOPEDIC NETWORK, INC.

Principal Place of Business	Mailing Address
2323 CURLEW RD SUITE 7E PALM HARBOR FL 34683	2323 CURLEW RD SUITE 7E PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report: NONE

2. Principal Place of Business	2a. Mailing Address
21 13801 Bruce B. Downs Blvd.	26 13801 Bruce B. Downs Blvd.
Suite, Apt. #, etc. 22 Suite 405	Suite, Apt. #, etc. 27 Suite 405
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33613 / 25 USA	Zip / Country 29 33613 / 30 USA

4. FEI Number: 59-3290710 ☐ 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
ABERNATHY, J MARK 2323 CURLEW RD SUITE 7E PALM HARBOR FL 34683	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, LAWRENCE MD 4600 N HABANA SUITE 35 TAMPA FL 33614	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	C/T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOMAN, EDWARD MD 13801 BRUCE B DOWNS BLVD SUITE 404 TAMPA FL 33613	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOBBY, ROYCE 615 11TH ST N ST PETERSBURG FL 34705	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/D HOBBY, ROYCE, M.D. 615 11th St. N. ST. PETERSBURG, FL 33705	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D BELSOLE, ROBERT, M.D. 4 Columbia Dr., Suite 840 Tampa, FL 33606	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D HIGGINS, NORMAN, M.D. 5319 Grand Blvd. New Port Richey, FL 34652	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D STEINMAN, HARRY, M.D. 1528 Lake View Rd. Clearwater, FL 34616	☐ Change XX 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)(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: E. Homan Jones 4/12/95 813-977-2232
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Edward Homan, M.D. President

0944002 CP