

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000078430 (3)

1. Corporation Name

BAY AREA ORTHOPEDIC NETWORK, INC.



Principal Place of Business

13801 BRUCE B DOWNS BLVD
STE 405
TAMPA FL 33613
US

Mailing Address

13801 BRUCE B DOWNS BLVD
STE 405
TAMPA FL 33613
US

3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 13615 BRUCE B. DOWNS BLVD.

2a. Mailing Address

26 13615 BRUCE B. DOWNS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 111

27 Suite 111

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33613

25 Hillsborough

29 33613

30 Hillsborough

9. Name and Address of Current Registered Agent

ABERNATHY, J MARK
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

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

12. OFFICERS AND DIRECTORS

TITLE CTD
NAME COHEN, LAWRENCE MD
STREET ADDRESS 4600 N HABANA SUITE 35
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE PD
NAME HOMAN, EDWARD MD
STREET ADDRESS 13801 BRUCE B DOWNS BLVD SUITE 404
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE SD
NAME HOBBS, ROYCE
STREET ADDRESS 615 11TH ST N
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE D
NAME BELSOLE, ROBERT M
STREET ADDRESS 4 COLUMBIA DR, STE 840
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME HIGGINS, NORMAN M
STREET ADDRESS 5319 GRAND BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

TITLE D
NAME STEINMAN, HARRY M
STREET ADDRESS 1528 LAKE VIEW RD.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 #

CR2E034 (12/95)