

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 # P94000078430

1. Corporation Name

BAY AREA ORTHOPEDIC NETWORK, INC.

Principal Place of Business

13615 BRUCE B DOWNS BLVD  
STE 111  
TAMPA FL 33613  
US

Mailing Address

13615 BRUCE B DOWNS BLVD  
STE 111  
TAMPA FL 33613  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HOMAN, EDWARD S M.D.  
13801 BRUCE B DOWNS BLVD. #404  
TAMPA FL 33613

3. Date Incorporated or Qualified

10/25/1994

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90117 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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