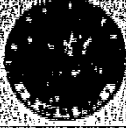


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082125 (3)

1. Corporation Name
**FLORIDA ORTHOPAEDIC AND SPORTS MEDICINE INSTITUT
E, INC.**

Principal Place of Business	Mailing Address
CHARLOTTE MEDICAL PLAZA, SUITE 102 2595 HARBOR BLVD. PORT CHARLOTTE FL 33952	CHARLOTTE MEDICAL PLAZA, SUITE 102 2595 HARBOR BLVD. PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report
4. FEI Number FIN-65-0549531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Beck Ridge Medical Center 3920 Beck Ridge Rd	26. SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. BLD E Suite D-1	27. SAME
City & State	City & State
23. Sarasota, FL	28. SAME
Zip	Zip
24. 34233	29. SAME
Country	Country
25. USA	30. SAME

9. Name and Address of Current Registered Agent
**BENNETT, WILLIAM F
CHARLOTTE MEDICAL PLAZA, SUITE 102
2595 HARBOR BLVD.
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name	William F. Bennett MD
82 Street Address (P.O. Box Number is Not Acceptable)	3920 Beck Ridge Rd Bldg E Suite D-1
83	
84 City	Sarasota FL
85 Zip Code	34233

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENNETT, WILLIAM F
STREET ADDRESS	2595 HARBOR BLVD., STE. 102
CITY- ST- ZIP	PORT CHARLOTTE FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bennett, William F.	
13 STREET ADDRESS	3920 Harbor Blvd Beck Ridge Rd Bldg E	
14 CITY- ST- ZIP	Sarasota, FL, 34233 Suite D-1	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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 in both, in accordance with an address.

SIGNATURE: William F. Bennett MD 4/27/95 813-927-884