


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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082125

1. Corporation Name

~~FORM I INC~~
Florida Orthopaedic and Sports Medicine Fellowship
Principal Place of Business Mailing Address

5741 Bee Ridge Rd
#470
Sarasota, FL 34233

INC.
SAME

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	650549531	4/15/96
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip	28 Zip	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Country	29 Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	30 Country	Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

William F. Bennett MD
5741 Bee Ridge Rd
Suite 470
Sarasota, FL 34233

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 state if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	1.2 NAME	1.3 STREET ADDRESS
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	2.3 STREET ADDRESS
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	3.3 STREET ADDRESS
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	4.3 STREET ADDRESS
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/97

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***165.00

CR2E034 (9/96)