

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norman
Secretary of State
1995-1999

APPROVED
AND
FILED

MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082211 (1)**

COASTAL ORTHOPAEDIC CENTER, INC.

Principal Office: Tallahassee
2215 NEBRASKA AVENUE STE. 3B
FORT PIERCE FL 34950

Main Office:
2215 NEBRASKA AVENUE STE. 3B
FORT PIERCE FL 34950

DATE OF ANNUAL REPORT

3. Filing Date: 11/07/1994
3a. Filing Method: Paper

2. Filing Office: Tallahassee	2a. Agent Address: 2215 NEBRASKA AVENUE STE. 3B FORT PIERCE FL 34950	4. Filing Number: 561746429	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
21. State Agent #:	26. State Agent #:	5. Certificate of State Insured: <input type="checkbox"/>	\$8.75 Additional Fee Required
22. Filing Date:	27. Filing Date:	6. Foreign Campaign Expenses: <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Filing Method:	28. Filing Method:	8. This corporation has had any of the following: <input checked="" type="checkbox"/> Foreign Assets <input type="checkbox"/> Foreign Income <input type="checkbox"/> Foreign Subsidiaries	
24. Filing Office:	25. Filing Office:	29. Filing Office:	30. Filing Office:

9. Name and Address of Current Registered Agent
GALE, JACK
514 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34994

10. Name and Address of New Registered Agent
B1. Name:
B2. Street Address (or Box Number if Not Applicable):
B3. City:
B4. State: **FL** B5. Zip Code:

11. Corporation has provided a written copy of the Florida Statutes, Chapter 607, to the registered agent for the purpose of preparing the report. The corporation has provided a written copy of the Florida Statutes, Chapter 607, to the registered agent for the purpose of preparing the report.

12. **PSTD**
PALMERI, NORMAN A M.D.
2215 NEBRASKA AVENUE STE. 3B
FORT PIERCE FL 34950

13. ADDITIONAL REPORTS TO BE FILED WITH THIS REPORT

13.1. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.2. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.3. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.4. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.5. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.6. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.7. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.8. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.9. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.10. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.11. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.12. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.13. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.14. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.15. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.16. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.17. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.18. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.19. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address
13.20. Name	<input type="checkbox"/> Change <input type="checkbox"/> Address

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied in this filing is substantially true and correct, and I am not liable for the same. I understand that the Florida Statutes, Chapter 607, require that the information be substantially true and correct, and I understand that the Florida Statutes, Chapter 607, require that the information be substantially true and correct. I understand that the Florida Statutes, Chapter 607, require that the information be substantially true and correct.

SIGNATURE: *Norman A. Palmeri*
NORMAN A. PALMERI

427.95 407 464 1557