

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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90198 009 \*\*\*150.00

0511530

DOCUMENT # P94000082211

1. Corporation Name

COASTAL ORTHOPAEDIC CENTER, INC.

Principal Place of Business

2215 NEBRASKA AVENUE STE. 3B  
FORT PIERCE FL 34950

Mailing Address

2215 NEBRASKA AVENUE STE. 3B  
FORT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

4. FEI Number

59-3299630

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GALE, JACK  
514 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name

PALMERI, NORMAN A

82 Street Address (P.O. Box Number is Not Acceptable)

STE 3B

83

2215 NEBRASKA AVE

84 City

FT PIERCE

FL

85 Zip Code

34950

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 NORMAN A. PALMERI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-99

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 NORMAN A. PALMERI

4-9-99

561-465-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)