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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000005928 (3) **DOCUMENT #**

EVERGLADES ORTHOPAEDIC AND HAND CENTER, P.A.

EVERGLADES ORTHOPAEDIC AND HAND CENTER, P.A.							
incipal Place of Business		Mailing Address	MAN A				
170 S. BARFIELD HIGHWAY, SUT	TE 102	170 S. BARFIELD HIGHN PAHOKEE FL 33476	nuay. Sun	E 104	e		
PAHOKEE FL 33476		THIORECTE 904/0				3. Date incorporated or Qualified 01/19/1995	
. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
· · · · · · · · · · · · · · · · · · ·		28	Cor	ountry		8. This corporation has liability for intangible tax under s 199.032, 199.032,	
Zip C	Dountry	Zip 29	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent	
9. Name and	Address of Curren	nt Registered Agent		-	Bloom	10. Name and Address of New Industrial Agent	
				81		Ideas (D.O. Boy Nimbor is Not Acceptable)	
THOMAS-RICHARDS, JOSE' R DR. 170 S. BARFIELD HIGHWAY, SUITE 102			82		Address (P.O. Box Number is Not Acceptable)		
170 S. BARFIELD HIGH PAHOKEE FL 33476	ITANI, OUHE TÜ	•		83	\		
				84		orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE Supplementaries to the state of th	OFFICERS AN	AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 JOSE Bromas - RICHARD Change	
TIGUE		DELFTE		1 TITLE 2 NAME	Ľ	JOSE K. THOMAS-/CIONARES	
NAME STHEET ADDRESS					EET ADDRESS	PAUNUM . FC 33476	
C-1Y-ST-ZIP		T DELETE		.4 CITY -		Change Addition	
Mr.F		C receit	2	2 2 NAM	AE	1	
NAMI STREET ADDRESS					SEET ADDRESS		
C-TY S1 - Z4P		☐ DELETE		2 4 CITY 3 1 TITL	Y-ST-ZIP iLF	☐ Change ☐ Addition	
TILLE		L_J Deceir	3	3 2 NAM	MĒ		
NAME STREET ADDRESS					REET ADDRESS		
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1/ILÉ		U OFTER	1	4 2 NAN			
NAME STREET ADDRESS			1.	4.3 STR	REET ADDRESS		
STREET ADDRESS ONY-SI-ZIP				4.4 Cit	TY-ST-ZIP	Change Addition	
THE		DEFFIE		5 1 TII 5 2 NAI			
NAME CHARLE ANDRESS					hme Treet aduress	\ e \	
STREET ADDRESS				5 4 CIT	ITY-S1-ZIP	☐ Change ☐ Additi	
City - St - 7il'		DELETE		6 1 TF		l	
NAME			1	62 NA		s	
. 1			1	€35,	STREET ADDRESS	30	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify 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 12 of hanged, or on as attachment with an address.

SIGNATURE

STREET ADDRESS