FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
May 01 1997 8:00am
Secretary of State

[redacted]

DOCUMENT # P95000005928 (3)

1. Corporation Name
EVERGLADES ORTHOPAEDIC AND HAND CENTER, P.A.

Principal Place of Business
170 S. BARFIELD HIGHWAY. SUITE 102
PAHOKEE FL 33476

Mailing Address
170 S. BARFIELD HIGHWAY. SUITE 102
PAHOKEE FL 33476-1868

3. Date Incorporated or Qualified: 01/19/1995
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0556024 — Applied For / Not Applied
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fee
8. This corporation has liability for intangible tax under Chapter 199, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent
THOMAS-RICHARDS, JOSE' R DR.
170 S. BARFIELD HIGHWAY, SUITE 102
PAHOKEE FL 33476

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 607.0505 and 607.0506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS-RICHARDS, JOSE R
STREET ADDRESS	170 S BARFIELD HWY #102
CITY ST ZIP	PAHOKEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

☐ Change ☐

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***165.00

5/1/97

14. I do hereby certify that the information supplied with this filing does not qualify for the extinction stated in Section 119.07(3)(i), Florida Statutes. 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; 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 and changes, if any, are reflected with an address.

X SIGNATURE: