SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP -4 AM 11:44
SECRETARY OF STATE

DOCUMENT # **P95000010847 (8)**

1. Corporation Name

SOUTH FLORIDA ORTHOPAEDICS, INC.

Principal Place of Business	Mailing Address
2845 AVENTURA BLVD. AVENTURA FL 33180	2845 AVENTURA BLVD. AVENTURA FL 33180

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report:

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

2a. Mailing Address (26): Suite, Apt #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0560986 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PROFESSIONAL REGISTERED AGENTS CORP.
100 SE SECOND STREET STE. 2800
MIAMI FL 33131

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, of the registered agent and title, if applicable) (NOTE: Registered Agent's signature required when items 9 or 10 changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	Charles H. Gonzales	12 NAME	
STREET ADDRESS	6001 Indian School Rd NE	13 STREET ADDRESS	
CITY-ST-ZIP	Albuquerque, NM 87110	14 CITY-ST-ZIP	
☐ DELETE			
TITLE	President & Treasurer	21 TITLE	200001947882
NAME	John F. Egan	22 NAME	-09/16/96--01044--005
STREET ADDRESS	503 S. Greenwood Ave	23 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP	Clearwater, FL 34616	24 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE			
TITLE	COO	31 TITLE	☐ Change ☐ Addition
NAME	Kenneth R. Hodor	32 NAME	
STREET ADDRESS	2845 Aventura Blvd	33 STREET ADDRESS	
CITY-ST-ZIP	Aventura, FL 33180	34 CITY-ST-ZIP	
☐ DELETE			
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	Ernest A. Schofield	42 NAME	
STREET ADDRESS	6001 Indian School Rd NE	43 STREET ADDRESS	
CITY-ST-ZIP	Albuquerque, NM 87110	44 CITY-ST-ZIP	
☐ DELETE			
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	Edward Farina	52 NAME	
STREET ADDRESS	503 S Greenwood Ave	53 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34616	54 CITY-ST-ZIP	
☐ DELETE			
TITLE	Director	61 TITLE	☐ Change ☐ Addition
NAME	Neal M. Elliott	62 NAME	
STREET ADDRESS	6001 Indian School Rd NE	63 STREET ADDRESS	
CITY-ST-ZIP	Albuquerque, NM 87110	64 CITY-ST-ZIP	

8/12/96

14. I 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Farina 8/2/96 (813) 441-8954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
EDWARD FARINA

0066529 CP

CR2E034 (3/96)