

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

2. Principal Place of Business

21 ONE HEALTHSOUTH PARKWAY

Suite, Apt. #, etc.

2a. Mailing Address

26 P O BOX 380546

Suite, Apt. #, etc.

22 City & State

23 BIRMINGHAM, AL

Zip

24 35243

Country

25 US

27 City & State

28 BIRMINGHAM, AL

Zip

29 35238

Country

30 US

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/06/1995

4. FEI Number

65-0560984

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85 Zip Code
33324

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

Dale Morris

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	GONZALES, CHARLES H	6001 INDIAN SCHOOL RD. NE	ALBUQUERQUE NM 87110	<input checked="" type="checkbox"/>
PT	EGAN, JOHN F	503 S. GREENWOOD AVENUE	CLEARWATER FL 34616	<input checked="" type="checkbox"/>
COO	HODOR, KENNETH R.	2845 AVENTURA BLVD.	AVENTURA FL	<input checked="" type="checkbox"/>
VP	SCHOFIELD, ERNEST A	6001 INDIAN SCHOOL RD., NE	ALBUQUERQUE NM 87110	<input checked="" type="checkbox"/>
VP	FARINA, EDWARD	503 S. GREENWOOD AVENUE	CLEARWATER FL 34616	<input checked="" type="checkbox"/>
D	ELLIOTT, NEAL M	6001 INDIAN SCHOOL RD., NE	ALBUQUERQUE NM 87110	<input checked="" type="checkbox"/>

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
C/D	RICHARD M. SCRUSHY	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	P. DARYL BROWN	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S/D	ANTHONY J. TANNER	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/T	MICHAEL D. MARTIN	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	JAMES P. BENNETT	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	RICHARD E. BOTTS	ONE HEALTHSOUTH PARKWAY	BIRMINGHAM, AL 35243	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

SIGNATURE:

Richard E. Botts

RICHARD E. BOTTS 4/28/98 (205) 967-7116

FILED

98 JUN -4 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DO NOT WRITE IN THIS SPACE \$150.00

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