

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088967

1. Corporation Name

ORTHOPAEDIC SURGERY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**1590 N.W. 10th Ave. Suite 202
Boca Raton, FL 33486**

Same

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**Joel R. Lavender, Esq.
507 S.E. 11th Court
Ft. Lauderdale, FL 33316**

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:

SIGNATURE

Signature of person authorized to file this report

Signature of person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	John A. Van Houten, M.D.	
STREET ADDRESS	1590 NW 10th Avenue #202	
CITY-STATE-ZIP	Boca Raton, FL 33486	
TITLE	VP	☐ DELETE
NAME	Eric T. Shapiro, M.D.	
STREET ADDRESS	1590 N.W. 10th Avenue #202	
CITY-STATE-ZIP	Boca Raton, FL 33486	
TITLE	S	☐ DELETE
NAME	Robert B. Zann, M.D.	
STREET ADDRESS	1590 NW 10th Avenue #202	
CITY-STATE-ZIP	Boca Raton, FL 33486	
TITLE	T	☐ DELETE
NAME	Stewart G. Eidelson, M.D.	
STREET ADDRESS	1590 NW 10th Avenue #202	
CITY-STATE-ZIP	Boca Raton, FL 33486	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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*****233.75**

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)(g), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A. Van Houten, M.D. President

6/25/96

407-395-5733

CR2E034 (12/95)

7/19/96