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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000088967 (1)

1. Corporation Name

ORTHOPAEDIC SURGERY ASSOCIATES, P.A.



Principal Place of Business

1590 NW 10TH AVENUE STE 202
BOCA RATON FL 33486

Mailing Address

1590 NW 10TH AVENUE STE 202
BOCA RATON FL 33486-1365

2. Principal Place of Business

21 1401 NW 9 AVE

2a. Mailing Address

26 1401 NW 9 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FL

27 City & State

28 BOCA RATON FL

24 Zip

33486

Country

29 Zip

33486

Country

30

9. Name and Address of Current Registered Agent

LAVENDER, JOEL R ESQ.
507 SE 11TH COURT
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

07/19/1996

4. FEI Number

65-0640914

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

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 name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VAN HOUTEN, JOHN A MD
STREET ADDRESS 1590 NW 10TH AVENUE STE 202
CITY-ST-ZIP BOCA RATON FL 33486

TITLE PD ☐ DELETE

NAME VAN HOUTEN, JOHN A MD
STREET ADDRESS 1590 NW 10TH AVENUE STE 202
CITY-ST-ZIP BOCA RATON FL 33486

TITLE T ☐ DELETE

NAME EIDELSON, STEWART G M.D.
STREET ADDRESS 1590 NW 10TH AVENUE STE 202
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VP ☐ DELETE

NAME SHAPIRO, ERIC T M.D.
STREET ADDRESS 1590 NW 10TH AVENUE STE 202
CITY-ST-ZIP BOCA RATON FL 33486

TITLE S ☐ DELETE

NAME ZANN, ROBERT B., M.D.
STREET ADDRESS 1590 NW 10TH AVENUE STE 202
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1401 NW 9 AVE

1.4 CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1401 NW 9 AVE

2.4 CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1401 NW 9 AVE

3.4 CITY-ST-ZIP BOCA RATON FL 33486

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 1401 NW 9 AVE

4.4 CITY-ST-ZIP BOCA RATON FL 33486

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 1401 NW 9 AVE

5.4 CITY-ST-ZIP BOCA RATON FL 33486

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not contain any 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: X SIGNATURE: ROBERT B ZANN 5/10/97 305-5733

CR2E034 (9/96)