

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095409 (5)

1. Corporation Name

ROMBACH PEDORTHIC CENTERS, INC.



Principal Place of Business

HODUSA TOWER
28870 U.S. HWY. 19, STE. 408
CLEARWATER FL 34621-2564

Mailing Address

HODUSA TOWER
28870 U.S. HWY. 19, STE. 408
CLEARWATER FL 34621-2564

2. Principal Place of Business

21 1266 US 41 Bypass S

Suite, Apt. #, etc.

22 Unit 105

City & State

23 Venice, Florida

Zip

24 34292

Country

25 USA

2a. Mailing Address

26 1266 US 41 Bypass S

Suite, Apt. #, etc.

27 Unit 105

City & State

28 Venice, Florida

Zip

29 34292

Country

30 USA

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

4. FEI Number

65-0628311

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

REPKA, DENNIS L
HODUSA TOWER
28870 U.S. HWY. 19, STE. 408
CLEARWATER FL 34621-2564

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, title, and address of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Roberta K. Rombach
STREET ADDRESS 1266 US 41 Bypass S, Unit 105
CITY-ST-ZIP Venice, FL 34292

TITLE Vice President ☐ DELETE

NAME David L. Rombach
STREET ADDRESS 1266 US 41 Bypass S, Unit 105
CITY-ST-ZIP Venice, FL 34292

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David L. Rombach

David L. Rombach

4-4-96

941-488-3450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E034 (12/95)