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PROFIT
CORPORATION
ANNUAL REPORT*
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 002 ***750.00

DOCUMENT # P96000001777

1. Corporation Name

LIGHTHOUSE ORTHOPAEDIC ASSOCIATES, P.A.

Principal Place of Business

9970 CENTRAL PARK BLVD. SOUTH
#400
BOCA RATON FL 33428

Mailing Address

1821 NE 25TH ST
LIGHTHOUSE POINT FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

65-0638788

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

YOUNG, BRUCE P
9970 CENTRAL PARK BLVD. SOUTH
#400
BOCA RATON FL 33428

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME YOUNG, BRUCE P
STREET ADDRESS 9970 CENTRAL PARK BLVD., #400
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME KLEINHENZ, DOMINIC J MD
STREET ADDRESS 9970 CENTRAL PARK BLVD., #400
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME GOBERVILLE, THOMAS J MD
STREET ADDRESS 9970 CENTRAL PARK BLVD., #400
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME MCKAY, WILLIAM R MD
STREET ADDRESS 9970 CENTRAL PARK BLVD., #400
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME KOLETTIS, GEORGE J.
STREET ADDRESS 1821 NE 25TH ST
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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 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, with all other like empowered.

SIGNATURE:

Thomas J. Goberville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0161276