

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000002683 (6)

1. Corporation Name
COMPREHENSIVE ORTHOPEDIC CARE, INC.

Principal Place of Business
4200 W CYPRESS ST SUITE 300
TAMPA FL 33607

Mailing Address
4200 W CYPRESS ST SUITE 300
TAMPA FL 33607-4169

FILED

97 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1111 Bayside Drive

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Corona del Mar, CA

Zip

29 92625

Country

30 USA

3. Date Incorporated or Qualified

01/04/1996

3a. Date of Last Report

4. FEI Number

58-2214454

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

ROWE, JAMES A
4200 W CYPRESS ST SUITE 300
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name The Prentice Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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 in Florida and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Karen B. Rozar*

Karen B. Rozar, As Its Agent

4-30-97

Signature typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	STREET, CHRISS W	
STREET ADDRESS	350 W BAY ST	
CITY-ST-ZIP	COSTA MESA CA 92627	
TITLE	D	DELETED
NAME	HERSCH, RONALD G	
STREET ADDRESS	4200 W CYPRESS ST SUITE 300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	DELETED
NAME	SELBY, DAVID K	
STREET ADDRESS	2124 RESEARCH ROW	
CITY-ST-ZIP	DALLAS TX 75235	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	1111 Bayside Drive Suite 100	
14 CITY-ST-ZIP	Corona del Mar, CA 92625	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Executive VP/COO/Secretary, Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	KERRI RUPPERT	
43 STREET ADDRESS	1111 Bayside Drive Suite 100	
44 CITY-ST-ZIP	Corona del Mar, CA 92625	
51 TITLE	Chief operating officer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Stuart J. Ghermer	
53 STREET ADDRESS	1111 Bayside Drive Suite 100	
54 CITY-ST-ZIP	Corona del Mar, CA. 92625	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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. 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:

K. Ruppert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KERRI RUPPERT, EXECUTIVE VP/COO/SECRETARY, TREASURER, DIRECTOR

2/13/97

(714) 222-2273

Date

Daytime Phone #

CR2E034 (9/96)