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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
1111 BAYSIDE DRIVE
SUITE 100
CORONA DEL MAR CA 92625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1996

4. FEI Number
58-2214454

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business
21 4200 W. Cypress
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Tampa, Florida
Zip
24 33607

2a. Mailing Address
26 1111 Bayside Drive
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Corona del Mar, CA
Zip
29 92625

Country
25 USA
30 USA

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	STREET, CHRIS W	1.2 NAME	
STREET ADDRESS	111 BAYSIDE DRIVE, SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	1.4 CITY-ST-ZIP	
TITLE	EVCF	2.1 TITLE	Director, Secretary
NAME	RUPPERT, KERRI	2.2 NAME	Courtney Watson
STREET ADDRESS	111 BAYSIDE DRIVE, SUITE 100	2.3 STREET ADDRESS	1111 Bayside Drive, Suite 100
CITY-ST-ZIP	CORONA DEL MAR CA 92625	2.4 CITY-ST-ZIP	Corona del Mar, CA. 92625
TITLE	ST	3.1 TITLE	COO
NAME	RUPPERT, KERRI	3.2 NAME	Mary Jane Johnson
STREET ADDRESS	111 BAYSIDE DRIVE, SUITE 100	3.3 STREET ADDRESS	4200 W. Cypress, Suite 300
CITY-ST-ZIP	CORONA DEL MAR CA 92625	3.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	COO	4.1 TITLE	Treasurer
NAME	GHERTNER, STUART J	4.2 NAME	Carol R. Allock
STREET ADDRESS	111 BAYSIDE DRIVE, SUITE 100	4.3 STREET ADDRESS	4200 W. Cypress, Suite 300
CITY-ST-ZIP	CORONA DEL MAR CA 92625	4.4 CITY-ST-ZIP	Tampa, Florida
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: James D. Ryan, Director of Tax 5/11/98 (14) 222-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6526221