

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90119 025 ***150.00

DOCUMENT # P96000002683

1. Corporation Name

COMPREHENSIVE ORTHOPEDIC CARE, INC.



Principal Place of Business

4200 W CYPRESS
STE 300
TAMPA FL 33607
US

Mailing Address

1111 BAYSIDE DRIVE
STE 100
CORONA DEL MAR CA 92625
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1996

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 owes the current year Intangible
Personal Property Tax. ☐ 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

25

USA

2a. Mailing Address

26 4200 W. Cypress

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Tampa, Florida

Zip

29 33607

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

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 DP
NAME STREET, CHRISS W
STREET ADDRESS 111 BAYSIDE DRIVE, SUITE 100
CITY-ST-ZIP CORONA DEL MAR CA 92625

☐ DELETE

TITLE DS
NAME WATSON, COURTNEY
STREET ADDRESS 111 BAYSIDE DRIVE, SUITE 100
CITY-ST-ZIP CORONA DEL MAR CA 92625

☐ DELETE

TITLE CDO
NAME JOHNSON, MARY J
STREET ADDRESS 111 BAYSIDE DRIVE, SUITE 100
CITY-ST-ZIP CORONA DEL MAR CA 92625

☐ DELETE

TITLE T
NAME POLLACK, CAROL R
STREET ADDRESS 111 BAYSIDE DRIVE, SUITE 100
CITY-ST-ZIP CORONA DEL MAR CA 92625

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D, P

Chriss W. Street

4200 W. Cypress, Suite 300

Tampa, Florida 33607

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D, S

Courtney Watson

4200 W. Cypress, Suite 300

Tampa, Florida 33607

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CDO, D

Mary Jane Johnson

4200 W. Cypress, Suite 300

Tampa, Florida 33607

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

T

Robert J. Landis

4200 W. Cypress Suite 300

Tampa, Florida 33607

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Robert J. Landis

4/13/99

813 876 5036 x248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)