


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

001985

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90065 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000071111

1. Corporation Name

NORTH FLORIDA ORTHOPEDICS & SPORTS MEDICINE, P.A



Principal Place of Business	Mailing Address
501 CIRCLE DRIVE SUITE 1-A LAKE CITY FL 32055	501 CIRCLE DRIVE SUITE 1-A LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1522 Commerce Blvd.. Suite, Apt. #, etc.	26 Post Office Box 2299 Suite, Apt. #, etc.
22 n/a City & State	27 n/a City & State
23 Lake City, FL Zip Country	28 Lake City,, FL Zip Country
24 32025 25 Columbia	29 32056 30 Columbia

3. Date Incorporated or Qualified 08/23/1996	4. FEI Number 59-3398963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional -Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

GARBER, NANCY MD
501 CIRCLE DRIVE
SUITE 1-A
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name Nancy Garber	85 Zip Code 32025
82 Street Address (P.O. Box Number is Not Acceptable) 1522 Commerce Blvd	
83	
84 City Lake City	FL

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 *Nancy Garber MD*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, NANCY MD	1.2 NAME	
STREET ADDRESS	680 CIRCLE DRIVE	1.3 STREET ADDRESS	214 Harris Lake
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	Lake City,, FL 32055
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Nancy Garber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

904/755-5116
Daytime Phone #

CR2E034 (11/98)