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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095620 (6)

ADVANCED ORTHOPAEDICS AND SPORTS MEDICINE, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address				11 04314 0 4140	HABAN BODA HOOT	
4701 MANATEE AVENUE WEST		_	4701 MANATEE AVENUE WEST						
BRADENTON FL \$4209			BRADENTON FL 34209			DO MOT MOUTE IN TOUR			
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE		
						11/22/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21		26	⊢ •			65-0776866	ļ	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5 Additional	
22		27	27			5. Certificate of Status Desired	•	Required	
City & State		City & State	City & State			6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,		
23		28				Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip		untry		8. This corporation owes or has paid the cu	_ ′		
24	25 25 Curre	29	30	1		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes	∐ No	
9, Name and Address of Current Registered Agent						IV. Hame and Address of New Registered	Mann		
GALVANO, WILLIAM S ESQ.					Name				
	3 MANATEE AVENUE WEST				Street /	Address (P.O. Box Number is Not Acceptable)			
DIV	DENTON FL 34205			83	~				
					0:4:		1221 4	. 0. 4	
				84	City	FL	, 85 Zi	p 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE									
12. OFFICERS AND DIRECTORS 13.					n organosoro	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	D	☐ DEL	ETE 1.17	ITLE			Change		
NAME	MCCARTHY, OWEN M M.D.		1.2 N	AME					
STREET ADDRESS	6118 RIVERVIEW BOULEVAR	ND .	1.3 5	TREET	ADDRESS			l	
CITY-ST-ZIP	BRADENTON FL 34209		1.4 C	ITY-SI	T-ZIP				
TITLE	D	DEL	2.1 TI	TLE			Change	e Addition	
NAME	MCCARTHY, DOROTHIA E		2.2 N	AME	į				
STREET ADDRESS	6118 RIVERVIEW BOULEVAR	D	2.3 S	TREET	address				
CITY-ST-ZIP	BRADENTON FL 34209			ITY-S	T-ZIP				
TITLE		☐ DEL	ETE 3111	TLE			Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET.	ADDRESS				
CITY-ST-ZIP		T		ITY-S	T-ZIP				
TITLE		☐ DEL					☐ Change	Addition	
NAME			4. 2 N		İ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELI		ITY-SI	-ZIP		Change	Addition	
TITLE							☐ Change	Addition	
NAME CORECT ADDRESS			5.2 N		*DDDCO				
STREET ADDRESS					ADDRESS				
TITLE		☐ DELE		TIF	- ZIP		Change	Addition	
NAME		ب المراجعة	6.2 N				Unange	, L Addition	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				IY-ST	- 1			[
UIT-91-ZIF			0.4 (.)	11-91	~ ZIF				

14. I hereby certify that the information rupplied 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 of 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 of the receiver of true expowered 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 axis of the corporation and the corporation of the corporation