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Mar 03 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 # P97000030610 (4)
1. Corporation Name
SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC.



Principal Place of Business Mailing Address
740 NE 69TH STREET 740 NE 69TH STREET
BOCA RATON FL 33487 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7491 N. Federal Hwy		26 7491 N. Federal Hwy		04/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 C-5 #220		27 C-5 #220		65-0747449	
City & State		City & State		Applied For	
23 BOCA RATON FL		28 BOCA RATON FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33487		29 33487		30 USA	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		7. This corporation owes or has paid the current year Intangible	
ELISHA, ADAM		81 Name		Personal Property Tax due June 30.	
740 NE 69TH STREET		82 Street Address (P.O. Box Number is Not Acceptable)		8. Yes 8. No	
BOCA RATON FL 33487		83		9. Yes 9. No	
		84 City		10. Yes 10. No	
		FL		11. Yes 11. No	
		85 Zip Code		12. Yes 12. No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	Change Addition
NAME	ELISHA, ADAM	1.2 NAME	
STREET ADDRESS	740 NE 69TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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.

SIGNATURE ADAM ELISHA

CR2E034 (10/97)