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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000030610 (4)

SOFT TISSUE TRAUMA CENTERS OF FLORIDA, INC.

Federal HWY

Name and Address of Current Registered Agen

Principal Place of Business

Mailing Address

740 NE 69TH STREET **BOCA RATON FL 33487** 

TITLE

NAME

TITLE

NAME

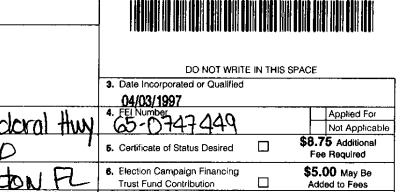
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

740 NE 69TH STREET **BOCA RATON FL 33487** 

## **FILED** Mar 03 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

Yes

Change

Change

Addition

☐ Addition

☐ No

ELISHA, ADAM		B1	Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
740 NE 69TH STREET BOCA RATON FL 33487			82	Street Address (P.O. Box Number is Not Acceptable)				
			83					<del></del>
			84	City	·	FL	85 Zip (	Code
1. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 and 607.150 registered agent, or both, in the State of Florida Su Im familiar with, and accept the obligations of, Sect	08, Florida Statutes, ch change was aut ion 607.0505, Florid	the above horized by da Statutes	named c the corpo	orporation submits this staten pration's board of directors. I l	ment for the nurnose of	changing it ointment as	s registered registered
SIGNATURE	Signature typed or printed name of registered agent and title if applications	able (NOTE: R	Registered Age	nt signature re	equired when reinstating)	DATE	<del></del>	
2.	OFFICERS AND DIRECTORS	•	13.			ES TO OFFICERS AND	DIRECTOR	S IN 12
TLE.	PSTD	DELETE	1.1 TITLE				Change	Addition
IAME .	ELISHA, ADAM		1.2 NAME					
TREET ADORESS	740 NE 69TH STREET		1.3 STREET	ADDRESS				
ITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY - ST	- 7iP				
ITLE		DELETE	2.1 TITLE				☐ Change	Addition
IAME			2.2 NAME					
TREET ADDRESS			2.3 STREET	ADDRESS				
ITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
ITLE		DELETÉ	3.1 TITLE				Change	Addition
IAME			3.2 NAME					
TREET ADDRESS			3.3 STREET	ADDRESS				
ITY-ST-ZIP			3.4. CITY-S	T-ZIP				
vac.		☐ DELET <b>E</b>	4.1 TITLE				Change	☐ Addition
AME			4.2 NAME	İ		•		
TREET ADORESS			4.3 STREET	ADDRESS				
ITY_ST_7IP			A A CITY - S3	- 7ID				

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

☐ DELET**E**