

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075313 (1)
1. Corporation Name

**NORTHEAST FLORIDA ORTHOPAEDICS, SPORTS MEDICINE
AND REHABILITATION, P.A.**

Principal Place of Business
**2021 KINGSLEY AVE., STE. 101
ORANGE PARK FL 32073**

Mailing Address
**2021 KINGSLEY AVE., STE. 101
ORANGE PARK FL 32073**

FILED
98 AUG 26 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

59-3470745

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**AKEL, EDWARD C
1 INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE
NAME **BRILLHART, ALLEN T**
STREET ADDRESS **2021 KINGSLEY AVE., STE. 101**
CITY-STATE-ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE REQUIRED

8/11/98

(904) 272-8755

CR2E034 (5/98)

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Professional Results
Accounting & Bookkeeping

P. O. Box 7848
Jacksonville, Florida 32238-7848
(904) 783-3350

August 10, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Northeast Florida Orthopaedics, Sports Medicine
and Rehabilitation, P.A.
Document #P97000075313

Dear Sir or Madam:

Enclosed is the signed and dated Corporate Annual Report for the above referenced corporation. I am currently handling the bookkeeping for Northeast Florida Orthopaedics, Sports Medicine & Rehabilitation, P.A. Also enclosed is the \$150 fee for the Annual Corporate Report. The reason for not paying the \$400.00 late fee follows.

I started handling the bookkeeping for this corporation in December of 1997 when the administrator (who previously handled the bookkeeping) was let go due to staff restructuring. Therefore there were a few months transition with the remaining staff during which time the first notice of the Corporate Annual Report was mailed. In September of 1997 the owner of the above referenced corporation made some corporate changes which resulted in two separate P.A.'s with the newest P.A. being named the same as the one that had been ongoing with the only change to the name being the addition of II at the end of the name. Apparently, when the Corporate Annual Report was received this past winter by the administrative staff, it was deemed that the notice was for the older of the two P.A.'s which merged with another corporation in September 1997, and therefore, not necessary to file. I was never given the first notice and was not aware that it had not been filed.

The second notice for the Corporate Annual Report was given to me recently and I questioned Northeast Florida's C.P.A. as to which of the two P.A.'s this report was for. It was then discovered by their C.P.A., by looking at the document number, that this second notice was for the currently ongoing P.A. and further checking brought to light that an amendment was filed with the State of Florida on September 2, 1997 to change

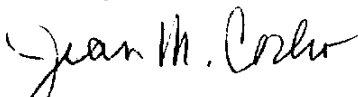
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Florida Department of State
August 10, 1998

the name from Northeast Florida Orthopaedics, Sports Medicine & Rehabilitation II, P.A. to Northeast Florida Orthopaedics, Sports Medicine & Rehabilitation, P.A. Up until this point I had been instructed that the corporate name contained II at the end of it. As you can see, these are very confusing circumstances which made it very easy for the current Corporate Annual Report to be overlooked and not filed timely.

At this time I am requesting that my client, Northeast Florida Orthopaedics, Sports Medicine and Rehabilitation, P.A. be granted, in writing, an abatement of the penalty for late filing and the enclosed \$150.00 check be accepted as payment in full for all fees for the current year. Please respond as soon as possible so an administrative dissolution does not inadvertently take place. Thank you.

Sincerely,


Jean M. Corbo