

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 020 ***150.00

DOCUMENT # P98000014819

1. Corporation Name

ATLANTIC SHORE ORTHOPAEDIC ASSOCIATES MANAGEMENT
, INC.

Principal Place of Business

2255 GLADES ROAD #416A
BOCA RATON FL 33431

Mailing Address

2255 GLADES ROAD #416A
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

65-0861922

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS, PETER H ESQ.
C/O OMNA MEDICAL PARTNERS, INC.
2255 GLADES ROAD, SUITE 416-A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Harris, Peter H Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
83 2255 Glades Road, Suite 219A
84 Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 607.0507 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

Peter H. Harris *VP and Secretary* *April 6, 1999*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME PECK, DAVID
STREET ADDRESS 2255 GLADES ROAD #416A
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE D
NAME JOHNSON, DARRYL
STREET ADDRESS 2255 GLADES ROAD #416A
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE President
1.2 NAME Peck, David C.
1.3 STREET ADDRESS 2255 Glades Road, Suite 219A
1.4 CITY-ST-ZIP Boca Raton, FL 33431

☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME Johnson, Darryl P.
2.3 STREET ADDRESS 2255 Glades Road, Suite 219A
2.4 CITY-ST-ZIP Boca Raton, FL 33431

☐ Change ☒ Addition

3.1 TITLE VP/IT
3.2 NAME Portnoy, Fred J.
3.3 STREET ADDRESS 2255 Glades Road, Suite 219A
3.4 CITY-ST-ZIP Boca Raton, FL 33431

☐ Change ☒ Addition

4.1 TITLE VP/IS
4.2 NAME Harris, Peter H.
4.3 STREET ADDRESS 2255 Glades Road, Suite 219A
4.4 CITY-ST-ZIP Boca Raton, FL 33431

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Peter H. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 *561-988-2227*
Date Daytime Phone #

CR2F034 (11/98)