

04161999-90052-030-\$150.00-\$150.00

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90052 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000094363			
1. Corporation Name VINSANT ORTHOPAEDIC GROUP OF SOUTH FLORIDA, P.A.			
Principal Place of Business 2607 POLK STREET HOLLYWOOD FL 33020		Mailing Address 2607 POLK STREET HOLLYWOOD FL 33020	
2. Principal Place of Business		3. Date Incorporated or Qualified 11/06/1998	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country
25. Mailing Address		26. City & State	
27. Suite, Apt. #, etc.		28. Zip	
29. Country		30. Country	
31. Name and Address of Current Registered Agent		32. Name and Address of New Registered Agent	
33. Name		34. Street Address (P.O. Box Number is Not Acceptable)	
35. City		36. Zip Code	
37. State		38. City	
11. Pursuant to the provisions of Sections 607.0302 and 607.1803, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, as designated agent on both in the State of Florida. Every 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 607.0303, Florida Statutes.			
SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE		13.1 TITLE	
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
12.5 CITY, ST, ZIP		13.5 CITY, ST, ZIP	
12.6 CITY, ST, ZIP		13.6 CITY, ST, ZIP	
12.7 CITY, ST, ZIP		13.7 CITY, ST, ZIP	
12.8 CITY, ST, ZIP		13.8 CITY, ST, ZIP	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 CITY, ST, ZIP		13.10 CITY, ST, ZIP	
12.11 CITY, ST, ZIP		13.11 CITY, ST, ZIP	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 CITY, ST, ZIP		13.13 CITY, ST, ZIP	
12.14 CITY, ST, ZIP		13.14 CITY, ST, ZIP	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 CITY, ST, ZIP		13.17 CITY, ST, ZIP	
12.18 CITY, ST, ZIP		13.18 CITY, ST, ZIP	
12.19 CITY, ST, ZIP		13.19 CITY, ST, ZIP	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	
12.21 CITY, ST, ZIP		13.21 CITY, ST, ZIP	
12.22 CITY, ST, ZIP		13.22 CITY, ST, ZIP	
12.23 CITY, ST, ZIP		13.23 CITY, ST, ZIP	
12.24 CITY, ST, ZIP		13.24 CITY, ST, ZIP	
12.25 CITY, ST, ZIP		13.25 CITY, ST, ZIP	
12.26 CITY, ST, ZIP		13.26 CITY, ST, ZIP	
12.27 CITY, ST, ZIP		13.27 CITY, ST, ZIP	
12.28 CITY, ST, ZIP		13.28 CITY, ST, ZIP	
12.29 CITY, ST, ZIP		13.29 CITY, ST, ZIP	
12.30 CITY, ST, ZIP		13.30 CITY, ST, ZIP	
12.31 CITY, ST, ZIP		13.31 CITY, ST, ZIP	
12.32 CITY, ST, ZIP		13.32 CITY, ST, ZIP	
12.33 CITY, ST, ZIP		13.33 CITY, ST, ZIP	
12.34 CITY, ST, ZIP		13.34 CITY, ST, ZIP	
12.35 CITY, ST, ZIP		13.35 CITY, ST, ZIP	
12.36 CITY, ST, ZIP		13.36 CITY, ST, ZIP	
12.37 CITY, ST, ZIP		13.37 CITY, ST, ZIP	
12.38 CITY, ST, ZIP		13.38 CITY, ST, ZIP	
12.39 CITY, ST, ZIP		13.39 CITY, ST, ZIP	
12.40 CITY, ST, ZIP		13.40 CITY, ST, ZIP	
12.41 CITY, ST, ZIP		13.41 CITY, ST, ZIP	
12.42 CITY, ST, ZIP		13.42 CITY, ST, ZIP	
12.43 CITY, ST, ZIP		13.43 CITY, ST, ZIP	
12.44 CITY, ST, ZIP		13.44 CITY, ST, ZIP	
12.45 CITY, ST, ZIP		13.45 CITY, ST, ZIP	
12.46 CITY, ST, ZIP		13.46 CITY, ST, ZIP	
12.47 CITY, ST, ZIP		13.47 CITY, ST, ZIP	
12.48 CITY, ST, ZIP		13.48 CITY, ST, ZIP	
12.49 CITY, ST, ZIP		13.49 CITY, ST, ZIP	
12.50 CITY, ST, ZIP		13.50 CITY, ST, ZIP	
12.51 CITY, ST, ZIP		13.51 CITY, ST, ZIP	
12.52 CITY, ST, ZIP		13.52 CITY, ST, ZIP	
12.53 CITY, ST, ZIP		13.53 CITY, ST, ZIP	
12.54 CITY, ST, ZIP		13.54 CITY, ST, ZIP	
12.55 CITY, ST, ZIP		13.55 CITY, ST, ZIP	
12.56 CITY, ST, ZIP		13.56 CITY, ST, ZIP	
12.57 CITY, ST, ZIP		13.57 CITY, ST, ZIP	
12.58 CITY, ST, ZIP		13.58 CITY, ST, ZIP	
12.59 CITY, ST, ZIP		13.59 CITY, ST, ZIP	
12.60 CITY, ST, ZIP		13.60 CITY, ST, ZIP	
12.61 CITY, ST, ZIP		13.61 CITY, ST, ZIP	
12.62 CITY, ST, ZIP		13.62 CITY, ST, ZIP	
12.63 CITY, ST, ZIP		13.63 CITY, ST, ZIP	
12.64 CITY, ST, ZIP		13.64 CITY, ST, ZIP	
12.65 CITY, ST, ZIP		13.65 CITY, ST, ZIP	
12.66 CITY, ST, ZIP		13.66 CITY, ST, ZIP	
12.67 CITY, ST, ZIP		13.67 CITY, ST, ZIP	
12.68 CITY, ST, ZIP		13.68 CITY, ST, ZIP	
12.69 CITY, ST, ZIP		13.69 CITY, ST, ZIP	
12.70 CITY, ST, ZIP		13.70 CITY, ST, ZIP	
12.71 CITY, ST, ZIP		13.71 CITY, ST, ZIP	
12.72 CITY, ST, ZIP		13.72 CITY, ST, ZIP	
12.73 CITY, ST, ZIP		13.73 CITY, ST, ZIP	
12.74 CITY, ST, ZIP		13.74 CITY, ST, ZIP	
12.75 CITY, ST, ZIP		13.75 CITY, ST, ZIP	
12.76 CITY, ST, ZIP		13.76 CITY, ST, ZIP	
12.77 CITY, ST, ZIP		13.77 CITY, ST, ZIP	
12.78 CITY, ST, ZIP		13.78 CITY, ST, ZIP	
12.79 CITY, ST, ZIP		13.79 CITY, ST, ZIP	
12.80 CITY, ST, ZIP		13.80 CITY, ST, ZIP	
12.81 CITY, ST, ZIP		13.81 CITY, ST, ZIP	
12.82 CITY, ST, ZIP		13.82 CITY, ST, ZIP	
12.83 CITY, ST, ZIP		13.83 CITY, ST, ZIP	
12.84 CITY, ST, ZIP		13.84 CITY, ST, ZIP	
12.85 CITY, ST, ZIP		13.85 CITY, ST, ZIP	
12.86 CITY, ST, ZIP		13.86 CITY, ST, ZIP	
12.87 CITY, ST, ZIP		13.87 CITY, ST, ZIP	
12.88 CITY, ST, ZIP		13.88 CITY, ST, ZIP	
12.89 CITY, ST, ZIP		13.89 CITY, ST, ZIP	
12.90 CITY, ST, ZIP		13.90 CITY, ST, ZIP	
12.91 CITY, ST, ZIP		13.91 CITY, ST, ZIP	
12.92 CITY, ST, ZIP		13.92 CITY, ST, ZIP	
12.93 CITY, ST, ZIP		13.93 CITY, ST, ZIP	
12.94 CITY, ST, ZIP		13.94 CITY, ST, ZIP	
12.95 CITY, ST, ZIP		13.95 CITY, ST, ZIP	
12.96 CITY, ST, ZIP		13.96 CITY, ST, ZIP	
12.97 CITY, ST, ZIP		13.97 CITY, ST, ZIP	
12.98 CITY, ST, ZIP		13.98 CITY, ST, ZIP	
12.99 CITY, ST, ZIP		13.99 CITY, ST, ZIP	
12.100 CITY, ST, ZIP		13.100 CITY, ST, ZIP	

CR2E004 (1/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report of incorporation 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 filers empowered.

SIGNATURE REQUIRED
 SIGNATURE _____

4/15/99 004 000 4001