FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S27832** **(2)**

1. Corporation Name

TALLAHASSEE ORTHOPEDIC SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
3334 CAPITAL MEDICAL BLVD., STE 500 TALLAHASSEE FL 32308	3334 CAPITAL MEDICAL BLVD., STE 500 TALLAHASSEE FL 32308

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **01/28/1991**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **59-3055704** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANEY, TOM C.
3334 CAPITAL MEDICAL BLVD, STE 400
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. The 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: Tom C. Haney — Tom C. Haney — DATE: 3-15-96

12. OFFICERS AND DIRECTORS

TITLE	COBP	☐ DELETE
NAME	HANEY, TOM C M.D.	
STREET ADDRESS	3489 CEDAR LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	HENDERSON, WILLIAM D	
STREET ADDRESS	6973 MCBRIDE POINT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	☐ DELETE
NAME	SCHMIDT, TIM T.	
STREET ADDRESS	RT 31, BOX 164 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	WINGO, CHARLES H M.D.	
STREET ADDRESS	317 TALWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	☐ DELETE
NAME	THORNBERRY, ROBERT L M.D.	
STREET ADDRESS	2675 EARL LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	☐ DELETE
NAME	DEWEY, DONALD M M.D.	
STREET ADDRESS	5325 PEMBRIDGE PL	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Tom C. Haney — Tom C. Haney, 3-15-96 — 904-877-4688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone