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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

(6)

## **FILED** Mar 21 1997 8:00am Secretary of State

FLORIDA SPORTSMEDICINE AND ORTHOPAEDIC CENTER, P .A.					
Principal Place of Business	Mailing Address		THE HEALT SET CHIEF THE SHALL		
2428 JENKS AVE. Panama City FL 32405	2428 JENKS AVE. Panama City FL 3240	)5-4304		•	
			3. Date Incorporated or Qualified 05/20/1991	3a. Date of Last Re 02/08/1996	port
Principal Piace of Business	2a. Mailing Address		4. FEI Number		olied For
	26		59-3067395		Applicat
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Ac	
City & State	City & State		6. Election Campaign Financing	\$5.00 N	
	28		Trust Fund Contribution	Added to	
Zip Country	Zip	Country	8. This corporation has liability for in		199.032,
25	29	30		Yes No	
9. Name and Address of Cur	rrent Registered Agent	B1 Name	10. Name and Address of New Reg	istered Agent	
TALKINGTON, JAMES M.		81 Name			
2428 JENKS AVENUE		82 Street Ad	dress (P.O. Box Number is Not Acceptabl	Θ)	
PANAM CITY FL 32405		83			
		<b>64</b> City		FL 85 Zip Ci	ode
			rporation submits this statement for the pu ation's board of directors. I hereby accep		
Sign of Are it product printed name of registrates		NOTE Registered Agent signature req	quired when reinstating)	DATE EDG AND DIDECTORS	2 IN 12
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Sign of section of product nature of tregistics.  OF FIGURES  LE D	AND DIRECTORS	NOTE Registered Agent signature req	quired when reinstating)	ERS AND DIRECTORS	
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reformation indicated on this annual report of purplemental annual report is true and accurate and that my signature shall have the same legal effect as if made upder oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bluck 12 or Block 13 if charged or on an attachment with an address.

SIGNATURE: