

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90292 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # V07361**

1. Corporation Name  
**SOUTH FLORIDA ORTHOPAEDICS & SPORTS MEDICINE, P. A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**509 RIVERSIDE DR  
 SUITE 302  
 STUART FL 34994  
 US**

Mailing Address  
**509 RIVERSIDE DR  
 SUITE 302  
 STUART FL 34994  
 US**

3. Date Incorporated or Qualified  
**01/16/1992**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0311858**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COEL, MARK A  
 4000 HOLLYWOOD BLVD.  
 SUITE 350 NORTH  
 HOLLYWOOD FL 33021**

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. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PD ANSPACH, W.E. III M.D.**  
 STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**  
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE  DELETE  
 NAME **VD CARLSON, W.E. M.D.**  
 STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**  
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE  DELETE  
 NAME **SD DESMAN, SCOTT M.D.**  
 STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**  
 CITY-ST-ZIP **STUART FL 34994**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **TD KIM, DAVID M.D.**  
 STREET ADDRESS **509 RIVERSIDE DRIVE SUITE 302**  
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME **D Haas, George M.D.**  
 5.3 STREET ADDRESS **509 Riverside Drive Suite 302**  
 5.4 CITY-ST-ZIP **Stuart, FL 34994**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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 in an attachment with an address, with all other like empowered.

SIGNATURE: W. E. CARLSON M.D. 4-13-99 561 223 5980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)