

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V36532** (2)
1. Corporation Name
CENTRAL FLORIDA ORTHOPEDICS AND SPORTS MEDICINE, INC.

Principal Place of Business 702 W. MONTROSE ST. CLERMONT FL 34711 US	Mailing Address 702 W. MONTROSE ST. CLERMONT FL 34711 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 731 E Hwy 50 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 771197 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/15/1992	
22 City & State Clermont FL		27 City & State WINTER GARDEN, FL		4. FEI Number 59-3122981 Applied For Not Applicable	
23 Zip 34711		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34711		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 34711-1197		30 U.S.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAY, JAMES MICHAEL
702 MONTROSE ST.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

James M. Ray M.D.
Signature typed or printed name of registered agent and title if applicable.

James M. Ray M.D.
(NOTE: Registered Agent signature required when registering)

2/24/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	RAY, JAMES MICHAEL
STREET ADDRESS	702 MONTROSE ST.
CITY-ST-ZIP	CLERMONT FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE:

James M. Ray M.D.

James M. Ray M.D. 2/24/98 352 242 0404

CR2E034 (10/97)