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 # **V30000** **(6)**

1. Corporation Name

JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.

Principal Place of Business

1325 SAN MARCO BLVD.
SUITE 200
JACKSONVILLE FL 32207

Mailing Address

1325 SAN MARCO BLVD.
SUITE 200
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **04/16/1992**

3a. Date of Last Report: **10/23/1995**

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:

4. FEI Number: **59-3120987** ☐ 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

SCHARF, MICHAEL S., M.D.
1325 SAN MARCO BLVD.
SUITE 200
JACKSONVILLE FL 32207

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. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filing this form) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHARF, M.D, MICHAEL S		1.2 NAME		
STREET ADDRESS	1325 SAN MARCO BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUCIE, M.D., R. STEPHEN		2.2 NAME		
STREET ADDRESS	1325 SAN MARCO BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOGSHEAD, M.D., HOWARD P		3.2 NAME		
STREET ADDRESS	1325 SAN MARCO BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PUJADAS, M.D., WILLIAM G		4.2 NAME		
STREET ADDRESS	1325 SAN MARCO BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TANDRON, M.D., CARLOS R		5.2 NAME		
STREET ADDRESS	1325 SAN MARCO BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(k), 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: _____ 4/11/96 904-346-3465

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