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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTME[illegible] STATE
Sandra B. Mo[illegible]m
Secretary of [illegible]
DIVISION OF CORP[illegible]TIONS

FILED
May 05 1997 8:00am
Secretary of State

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

1. Corporation Name
JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.

Principal Place of Business	Mailing Address
1325 SAN MARCO BLVD. SUITE 200 JACKSONVILLE FL 32207	1325 SAN MARCO BLVD. SUITE 200 JACKSONVILLE FL 32207-8566

3. Date Incorporated or Qualified: **04/16/1992**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

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	"see attached list" for additions
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 (9/96)

14. I do 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: [signature] [illegible]
Michael S. Scharf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031023

JACKSONVILLE ORTHOPAEDIC INS[redacted]UTE, P.A.
CORPORATION ANNUAL RE[redacted]RT
FEI NUMBER 59-3120987
ADDITONS TO OFFICERS AND DI[redacted]CTORS

13.	ADDITIONS TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	D
1.2 NAME	HARDY, MD, PHILIP R.
1.3 STREET ADDRESS	1325 SAN MARCO BLVD
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
2.1 TITLE	D
2.2 NAME	STEINBERG, MD, BRUCE D.
2.3 STREET ADDRESS	1325 SAN MARCO BLVD
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
3.1 TITLE	D
3.2 NAME	CARRASQUILLO, MD, HIRAM A.
3.3 STREET ADDRESS	1325 SAN MARCO BLVD
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
4.1 TITLE	D
4.2 NAME	PARKS, MD, RALPH A.
4.3 STREET ADDRESS	1250 S. 18TH STREET, STE 204
4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
5.1 TITLE	D
5.2 NAME	KLEINHANS, MD, ROBERT J.
5.3 STREET ADDRESS	4131 UNIVERSITY BLVD S., BLDG #18
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
6.1 TITLE	D
6.2 NAME	LANCASTER, MD, STEVEN J.
6.3 STREET ADDRESS	410 JACKSONILLE DRIVE
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
7.1 TITLE	D
7.2 NAME	WHITAKER, MD, DALE A.
7.3 STREET ADDRESS	410 JACKSONILLE DRIVE
7.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
8.1 TITLE	D
8.2 NAME	YOUNG, MD, EDWARD
8.3 STREET ADDRESS	410 JACKSONILLE DRIVE
8.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
9.1 TITLE	D
9.2 NAME	CAMPBELL, MD, WILLIAM
9.3 STREET ADDRESS	1801 BARRS STREET, #300C
9.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
10.1 TITLE	D
10.2 NAME	LONGENECKER, MD, STANTON L
10.3 STREET ADDRESS	1801 BARRS STREET, #120
10.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
11.1 TITLE	D
11.2 NAME	HUTTON, MD, PATRICK M.J.
11.3 STREET ADDRESS	454 BLANDING BLVD
11.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
12.1 TITLE	D
12.2 NAME	NORMAN, MD, HAROLD LYNN
12.3 STREET ADDRESS	1801 BARRS STREET, #300A
12.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
13.1 TITLE	D
13.2 NAME	SUHEY, MD, PAUL V.
13.3 STREET ADDRESS	1661 RIVERSIDE AVENUE, SUITE G
13.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204

04/29/97\