

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

FILED
May 14 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1992	
21		26		4. FEI Number 59-3120987	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, PHILIP R MD	6.2 NAME	
STREET ADDRESS	1325 SAN MARCO BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	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 _____ *[Signature]* 4/12/98 341-3415

CR2E034 (10/97)

JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.
CORPORATION ANNUAL REPORT
FEI NUMBER 59-3120987
OFFICERS AND DIRECTORS

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12	
7.1 TITLE	D <input type="checkbox"/> DELETE
7.2 NAME	HARDY, MD, PHILIP R.
7.3 STREET ADDRESS	1325 SAN MARCO BLVD
7.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
8.1 TITLE	D <input type="checkbox"/> DELETE
8.2 NAME	STEINBERG, MD, BRUCE D.
8.3 STREET ADDRESS	1325 SAN MARCO BLVD
8.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
9.1 TITLE	D <input type="checkbox"/> DELETE
9.2 NAME	CARRASQUILLO, MD, HIRAM A.
9.3 STREET ADDRESS	1325 SAN MARCO BLVD
9.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
10.1 TITLE	D <input checked="" type="checkbox"/> DELETE
10.2 NAME	PARKS, MD, RALPH A.
10.3 STREET ADDRESS	1250 S. 18TH STREET, STE 204
10.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
11.1 TITLE	D <input type="checkbox"/> DELETE
11.2 NAME	KLEINHANS, MD, ROBERT J.
11.3 STREET ADDRESS	4131 UNIVERSITY BLVD S., BLDG #18
11.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
12.1 TITLE	D <input type="checkbox"/> DELETE
12.2 NAME	LANCASTER, MD, STEVEN J.
12.3 STREET ADDRESS	410 JACKSONILLE DRIVE
12.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
13.1 TITLE	D <input type="checkbox"/> DELETE
13.2 NAME	WHITAKER, MD, DALE A.
13.3 STREET ADDRESS	410 JACKSONILLE DRIVE
13.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
14.1 TITLE	D <input type="checkbox"/> DELETE
14.2 NAME	YOUNG, MD, EDWARD
14.3 STREET ADDRESS	410 JACKSONILLE DRIVE
14.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
15.1 TITLE	D <input type="checkbox"/> DELETE
15.2 NAME	CAMPBELL, MD, WILLIAM
15.3 STREET ADDRESS	1801 BARRS STREET, #300C
15.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
16.1 TITLE	D <input type="checkbox"/> DELETE
16.2 NAME	LONGENECKER, MD, STANTON L
16.3 STREET ADDRESS	1801 BARRS STREET, #120
16.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
17.1 TITLE	D <input type="checkbox"/> DELETE
17.2 NAME	HUTTON, MD, PATRICK M.J.
17.3 STREET ADDRESS	454 BLANDING BLVD
17.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
18.1 TITLE	D <input type="checkbox"/> DELETE
18.2 NAME	NORMAN, MD, HAROLD LYNN
18.3 STREET ADDRESS	1801 BARRS STREET, #300A
18.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
19.1 TITLE	D <input checked="" type="checkbox"/> DELETE
19.2 NAME	SUHEY, MD, PAUL V.
19.3 STREET ADDRESS	1661 RIVERSIDE AVENUE, SUITE G
19.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
20.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
20.2 NAME	KELLER, GREGORY C.
20.3 STREET ADDRESS	1325 SAN MARCO BLVD
20.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207