


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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90075 009 ***150.00

0034691

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V30000

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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 04/16/1992	Applied For Not Applicable
4. FEI Number 59-3120987	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHARF, M.D, MICHAEL S	
STREET ADDRESS	1325 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUCIE, M.D., R. STEPHEN	
STREET ADDRESS	1325 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOGSHEAD, M.D., HOWARD P	
STREET ADDRESS	1325 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUJADAS, M.D., WILLIAM G	
STREET ADDRESS	1325 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TANDRON, M.D., CARLOS R	
STREET ADDRESS	1325 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDY, PHILIP R MD	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JAX FL	

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, with all other like empowered.

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

CR2E034 (11/98)

Q32975-90675-9
V30000

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	KELLER, GREGORY C.	
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 type="checkbox"/> DELETE
10.2 NAME	KLEINHANS, MD, ROBERT J.	
10.3 STREET ADDRESS	4131 UNIVERSITY BLVD S., BLDG #18	
10.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
11.1 TITLE	D	<input type="checkbox"/> DELETE
11.2 NAME	LANCASTER, MD, STEVEN J.	
11.3 STREET ADDRESS	410 JACKSONILLE DRIVE	
11.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250	
12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	WHITAKER, MD, DALE A.	
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	YOUNG, MD, EDWARD	
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	CAMPBELL, MD, WILLIAM	
14.3 STREET ADDRESS	1801 BARRS STREET, #300C	
14.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
15.1 TITLE	D	<input type="checkbox"/> DELETE
15.2 NAME	LONGENECKER, MD, STANTON L	
15.3 STREET ADDRESS	1801 BARRS STREET, #120	
15.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
16.1 TITLE	D	<input type="checkbox"/> DELETE
16.2 NAME	HUTTON, MD, PATRICK M.J.	
16.3 STREET ADDRESS	454 BLANDING BLVD	
16.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
17.1 TITLE	D	<input type="checkbox"/> DELETE
17.2 NAME	NORMAN, MD, HAROLD LYNN	
17.3 STREET ADDRESS	1801 BARRS STREET, #300A	
17.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
18.1 TITLE	D	<input checked="" type="checkbox"/> ADDITION
18.2 NAME	VON THRON, M. JOHN	
18.3 STREET ADDRESS	410 JACKSONILLE DRIVE	
18.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250	
19.1 TITLE		<input type="checkbox"/> DELETE
19.2 NAME		
19.3 STREET ADDRESS		
19.4 CITY-ST-ZIP		
20.1 TITLE		<input type="checkbox"/> DELETE
20.2 NAME		
20.3 STREET ADDRESS		
20.4 CITY-ST-ZIP		