

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90069 046 \*\*\*150.00

**DOCUMENT # V30000**


1. Entity 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 32207-8566
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

0 1 4 0 0 0



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3120987	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHARF, M.D, MICHAEL S</b>	NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCIE, M.D., R. STEPHEN</b>	NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGSHEAD, M.D., HOWARD P</b>	NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUJADAS, M.D., WILLIAM G</b>	NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TANDRON, M.D., CARLOS R</b>	NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDY, PHILIP R MD</b>	NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JAX FL</b>	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_