2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am **DOCUMENT # V30000 Secretary of State** JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A. 01-24-2001 90080 003 ***150.00 Principal Place of Business Mailing Address 1325 SAN MARCO BLVD. 1325 SAN MARCO BLVD. SUITE 200 SUITE 200 UUU07598 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3120987 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHARF, MICHAEL S., M.D. Street Address (P.O. Box Number is Not Acceptable) 1325 SAN MARCO BLVD. SUITE 200 JACKSONVILLE FL 32207 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ;R2E034 (10/00) SCHARF, M.D, MICHAEL S NAME CRENSHAW, M.D., STEVEN M. 1325 SAN MARCO BLVD. STREET ADDRESS STREET ADDRESS 1325 SAN MARCO BLVD. CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP JACKSONVILLE, FL 32207 Delete TITLE Addition LUCIE, M.D., R. STEPHEN NAME NAME STREET ADDRESS 1325 SAN MARCO BLVD. STREET ADDRESS City-St-ZiP---CITY-ST-ZIP JACKSONVILLE: FL-32207= TITLE Delete TITLE ☐ Change Addition HOGSHEAD, M.D., HOWARD P NAME NAME 1325 SAN MARCO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP JACKSONVILLE FL 32207 ☐ Delete ☐ Change Addition TITLE TITLE PUJADAS, M.D., WILLIAM G NAME NAME STREET ADDRESS 1325 SAN MARCO BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME TANDRON, M.D., CARLOS R NAME STREET ADDRESS 1325 SAN MARCO BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARDY, PHILIP R MD NAME STREET ADDRESS 1325 SAN MARCO BLVD STREET ADDRESS CITY-ST-ZIP 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.

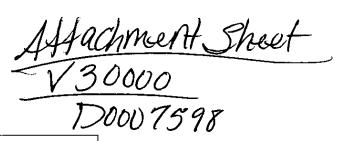
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-346-3465

Daytime Phone #

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	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	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	DELETE
9.2 NAME	CARRASQUILLO, MD, HIRAM A.	L
	1325 SAN MARCO BLVD	
9.3 STREET ADDRESS	JACKSONVILLE, FL 32207	
9.4 CITY-ST-ZIP	D	DELETE
10.1 TITLE	-KLEINHANS, MD, ROBERT J.	
-10.2-NAME		
10.3 STREET ADDRESS	4131 UNIVERSITY BLVD S., BLDG #18	
10.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	DELETE
11.1 TITLE	D STEVEN I	
11.2 NAME	LANCASTER, MD, STEVEN J.	
11,3 STREET ADDRESS	410 JACKSONILLE DRIVE	
11.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250	10000
12.1 TITLE	D	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	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	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	DELETE
15.2 NAME	LONGENECKER, MD, STANTON L	
15.3 STREET ADDRESS	1801 BARRS STREET, #120	
15,4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
	D	DELETE
16.1 TITLE	HUTTON, MD, PATRICK-M.J.	
16.2.NAME	454 BLANDING BLVD	
16.3 STREET ADDRESS	ORANGE PARK, FL 32073	
16.4 CITY-ST-ZIP		DELETE
17.1 TITLE	NORMAN MO HAROLD LYNN	
17.2 NAME	NORMAN, MD, HAROLD LYNN	
17.3 STREET ADDRESS	1801 BARRS STREET, #300A	
17.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	I OELETE
18.1 TITLE	D	DELETE
18.2 NAME	VON THRON, M. JOHN	
18.3 STREET ADDRESS	410 JACKSONILLE DRIVE	·
18.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250	WAS A DOUT ON
19.1 TITLE	D	ADDITION
19.2 NAME	KITAY, GARRY S.	
19.3 STREET ADDRESS	1325 SAN MARCO BLVD, STE 200	
19.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
20.1 TITLE		DELETE
20.2 NAME		
20.3 STREET ADDRESS		
20.4 CITY-ST-ZIP		