


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3120987 Applied For: Not Applicable

5. Certificate of Status Desired \$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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when retaking) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	SCHARF, M.D., MICHAEL S
STREET ADDRESS	1325 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	STD
NAME	LUCIE, M.D., R. STEPHEN
STREET ADDRESS	1325 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	HOGSHEAD, M.D., HOWARD P
STREET ADDRESS	1325 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	PUJADAS, M.D., WILLIAM G
STREET ADDRESS	1325 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	TANDRON, M.D., CARLOS R
STREET ADDRESS	1325 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	HARDY, PHILIP R MD
STREET ADDRESS	1325 SAN MARCO BLVD
CITY-ST-ZIP	JAX, FL

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 04/28/05-80016-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 4/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR