


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90165 019 ***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**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

40000000



04262006 Chg-P CR2E034 (11/05)

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**

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

SIGNATURE _____ DATE _____
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
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/27/06** **904 858-6451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R Stephen Lucie

ATTACHMENT

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**ATTACHMENT

CORP NUMBER: V30000

JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.

CORPORATION ANNUAL REPORT

FEI NUMBER 59-3120987

OFFICERS AND DIRECTORS

40069008

#V30000

11 ADDITIONS TO OFFICERS AND DIRECTORS IN 10	
7.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
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 checked="" type="checkbox"/> ADDITION
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 checked="" type="checkbox"/> ADDITION
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"/> ADDITION
10.2 NAME	KITAY, GARRY S.
10.3 STREET ADDRESS	1325 SAN MARCO BLVD, STE 200
10.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
11.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
11.2 NAME	CRENSHAW, STEVEN M.
11.3 STREET ADDRESS	1325 SAN MARCO BLVD, STE 200
11.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
12.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
12.2 NAME	KLEINHANS, MD, ROBERT J.
12.3 STREET ADDRESS	4131 UNIVERSITY BLVD S., BLDG #18
12.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
13.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
13.2 NAME	LANCASTER, MD, STEVEN J.
13.3 STREET ADDRESS	410 JACKSONILLE DRIVE
13.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
14.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
14.2 NAME	WHITAKER, MD, DALE A.
14.3 STREET ADDRESS	410 JACKSONILLE DRIVE
14.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
15.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
15.2 NAME	YOUNG, MD, EDWARD
15.3 STREET ADDRESS	410 JACKSONILLE DRIVE
15.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
16.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
16.2 NAME	VON THRON, M. JOHN
16.3 STREET ADDRESS	410 JACKSONILLE DRIVE
16.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
17.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
17.2 NAME	CAMPBELL, MD, WILLIAM
17.3 STREET ADDRESS	1801 BARRS STREET, #300
17.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
18.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
18.2 NAME	LONGENECKER, MD, STANTON L
18.3 STREET ADDRESS	1801 BARRS STREET, #300
18.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
19.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
19.2 NAME	NORMAN, MD, HAROLD LYNN
19.3 STREET ADDRESS	1801 BARRS STREET, #300
19.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
20.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
20.2 NAME	GRIMSLEY, RICHARD R.
20.3 STREET ADDRESS	1801 BARRS STREET, #300
20.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
21.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
21.2 NAME	ERO, SUNDAY U
21.3 STREET ADDRESS	1801 BARRS STREET, #300
21.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
22.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
22.2 NAME	HUTTON, MD, PATRICK M.J.
22.3 STREET ADDRESS	454 BLANDING BLVD
22.4 CITY-ST-ZIP	ORANGE PARK, FL 32073