


**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

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**DOCUMENT # V30000**  
 1. Entity Name  
**JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.**



**FILED**

05 SEP 12 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**1325 SAN MARCO BLVD.**      **1325 SAN MARCO BLVD.**  
**SUITE 200**      **SUITE 200**  
**JACKSONVILLE, FL 32207**      **JACKSONVILLE, FL 32207**

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

08252005      Chg-P      CR2E034 (10/03)

City & State      City & State

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

Zip      Country      Zip      Country

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

**Amended AR is \$61.25**

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

**10. 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	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

000000977428  
08/30/05-80003-008 61.25

12. 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 10 or Block 11 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 #

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11. ADDITIONS TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	STEINBERG, M.D., BRUCE	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	KELLER, M.D., GREGORY C	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	CARRASQUILLO, M.D., HIRAM A	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	KITAY, M.D., GARRY S	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	CRENSHAW, M.D., STEVEN M	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	HUTTON, M.D., PATRICK M.J.	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	KLEINHANS, M.D., ROBERT J	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	LANCASTER, M.D., STEVEN J	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	WHITAKER, M.D., DALE A	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	YOUNG, M.D., EDWARD D	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	VON THRON, M.D., M. JOHN	
STREET ADDRESS	1325 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

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11. ADDITIONS TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, M.D., WILLIAM N
STREET ADDRESS	1325 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input checked="" type="checkbox"/> Addition
NAME	LONGENECKER, M.D., STANTON L
STREET ADDRESS	1325 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input checked="" type="checkbox"/> Addition
NAME	NORMAN, M.D., H. LYNN
STREET ADDRESS	1325 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input checked="" type="checkbox"/> Addition
NAME	GRIMSLEY, RICHARD R
STREET ADDRESS	1325 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207