


** Attachment **

**'2008' FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

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



FILED
08 MAR 21 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02282008 Chg-P CR2E034 (12/06)
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 _____ (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

700120973367
03/24/08--01005--010 **\$61.25

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 ERO, SUNDAY U 1801 BARRS STREET, #300 JACKSONVILLE, FL 32204 <input 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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten: Pujadas
D Solis, GREGORY
1325 SAN MARCO BLVD
JACKSONVILLE, FL 32207

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

****ATTACHMENT**

CORP ANNUAL REPORT OFFICERS

CORP NUMBER: V30000

JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.

CORPORATION ANNUAL REPORT

FEI NUMBER 59-3120987

OFFICERS AND DIRECTORS

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	HUTTON, MD, PATRICK M.J.		
21.3 STREET ADDRESS	454 BLANDING BLVD		
21.4 CITY-ST-ZIP	ORANGE PARK, FL 32073		
22.1 TITLE	D	<input checked="" type="checkbox"/>	ADDITION
22.2 NAME	SAVARESE, ROBERT		
22.3 STREET ADDRESS	1325 SAN MARCO BLVD, STE 200		
22.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207		
23.1 TITLE	D	<input checked="" type="checkbox"/>	ADDITION
23.2 NAME	HARDY, PHILIP R		
23.3 STREET ADDRESS	1325 SAN MARCO BLVD, STE 200		
23.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207		