

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30000

FILED
Apr 21, 2011
Secretary of State

Entity Name: JACKSONVILLE ORTHOPAEDIC INSTITUTE, INC.

Current Principal Place of Business:

1325 SAN MARCO BLVD.
SUITE 200
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1325 SAN MARCO BLVD.
SUITE 701
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3120987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHARF, MICHAEL S MD
1325 SAN MARCO BLVD.
SUITE 200
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHARF, MICHAEL S MD
Address: 1325 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD
Name: LUCIE, R. STEPHEN MD
Address: 1325 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: ERO, SUNDAY U
Address: 1801 BARRS STREET, #300
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: PUJADAS, WILLIAM G MD
Address: 1325 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: TANDRON, CARLOS R MD
Address: 1325 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: HASTINGS, TIMOTHY R
Address: 1325 SAN MARCO BLVD
City-St-Zip: JAX, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. SCHARF, MD

PD

04/21/2011

Electronic Signature of Signing Officer or Director

_____ Date