

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V30000

**FILED
Jun 13, 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: P
Name: SCHARF, MICHAEL S MD
Address: 1325 SAN MARCO BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: MALLY, EARL B
Address: 3563 PHILLIPS HIGHWAY, STE 101
City-St-Zip: JACKSONVILLE, FL 32207

Title: S/T
Name: GRANGER, HARVEY
Address: 1325 SAN MARCO BLVD., STE 902
City-St-Zip: JACKSONVILLE, 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

PRES

06/13/2011

Electronic Signature of Signing Officer or Director

Date