


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90214 012 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3120987**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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		

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: *Michael S. Scharf* **SIGNATURE REQUIRED** 1/20/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

JACKSONVILLE ORTHOPAEDIC INSTITUTE, P.A.  
 CORPORATION ANNUAL REPORT  
 FEI NUMBER 59-3120987  
 OFFICERS AND DIRECTORS

V30000  
 40006889

11 ADDITIONS TO OFFICERS AND DIRECTORS IN 10	
7.1 TITLE	D <input type="checkbox"/> DELETE
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 type="checkbox"/> DELETE
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 type="checkbox"/> DELETE
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 type="checkbox"/> DELETE
10.2 NAME	KLEINHANS, MD, ROBERT J.
10.3 STREET ADDRESS	4131 UNIVERSITY BLVD S., BLDG #18
10.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
11.1 TITLE	D <input type="checkbox"/> DELETE
11.2 NAME	LANCASTER, MD, STEVEN J.
11.3 STREET ADDRESS	410 JACKSONILLE DRIVE
11.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
12.1 TITLE	D <input type="checkbox"/> DELETE
12.2 NAME	WHITAKER, MD, DALE A.
12.3 STREET ADDRESS	410 JACKSONILLE DRIVE
12.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
13.1 TITLE	D <input type="checkbox"/> DELETE
13.2 NAME	YOUNG, MD, EDWARD
13.3 STREET ADDRESS	410 JACKSONILLE DRIVE
13.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
14.1 TITLE	D <input type="checkbox"/> DELETE
14.2 NAME	CAMPBELL, MD, WILLIAM
14.3 STREET ADDRESS	1801 BARRS STREET, #300C
14.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
15.1 TITLE	D <input type="checkbox"/> DELETE
15.2 NAME	LONGENECKER, MD, STANTON L
15.3 STREET ADDRESS	1801 BARRS STREET, #120
15.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
16.1 TITLE	D <input type="checkbox"/> DELETE
16.2 NAME	HUTTON, MD, PATRICK M.J.
16.3 STREET ADDRESS	454 BLANDING BLVD
16.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
17.1 TITLE	D <input type="checkbox"/> DELETE
17.2 NAME	NORMAN, MD, HAROLD LYNN
17.3 STREET ADDRESS	1801 BARRS STREET, #300A
17.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
18.1 TITLE	D <input type="checkbox"/> DELETE
18.2 NAME	VON THRON, M. JOHN
18.3 STREET ADDRESS	410 JACKSONILLE DRIVE
18.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
19.1 TITLE	D <input type="checkbox"/> DELETE
19.2 NAME	KITAY, GARRY S.
19.3 STREET ADDRESS	1325 SAN MARCO BLVD, STE 200
19.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
20.1 TITLE	D <input checked="" type="checkbox"/> ADDITION
20.2 NAME	CRENSHAW, STEVEN M.
20.3 STREET ADDRESS	1325 SAN MARCO BLVD, STE 200
20.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207