2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 AM
Secretary of State

DOCUMENT# K61563

Entity Name: MUSCULOSKELETAL INSTITUTE, CHARTERED

Current Principal Place of Business:

4175 E. FOWLER AVE.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4175 E. FOWLER AVE.
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-2929608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, JOYCE B
4175 E. FOWLER AVE.
TAMPA, FL 33617 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: R ( ) Delete
Name: SANDERS, ROY MD
Address: 4175 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL

Title: VP ( ) Delete
Name: BERNASEK, THOMAS MD
Address: 4175 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL

Title: S ( ) Delete
Name: WALLING, ARTHUR K MD
Address: 4175 E FOWLER AVENUE
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: HESS, ALFRED MD
Address: 4175 E FOWLER AVE
City-St-Zip: TAMPA, FL 33617

Title: T ( ) Delete
Name: FRANKLE, MARK
Address: 4175 E FOWLER AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SANDERS, ROY MD
Address: 4175 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: LEFFERS, DAVID MD
Address: 4175 E FOWLER AVENUE
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROY SANDERS MD P 03/14/2002

Electronic Signature of Signing Officer or Director Date