

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 710975 (4)

1. Corporation Name

THE NORTHEAST FLORIDA ORTHOPAEDIC SOCIETY, INC.

Principal Place of Business

**515 LOMAX STREET
JACKSONVILLE FL 32204**

Mailing Address

**515 LOMAX STREET
JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1966

3a. Date of Last Report

04/22/1994

4. FBI Number

59-2497822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GILBERT, PHILIP H.
515 LOMAX ST
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
PERRY, JAMES M.
653 W. 8TH ST.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
DOLAN, JAMES B. MD
4063 SALISBURY ROAD
JACKSONVILLE FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TSD
OCONNOR, MARY I.
4500 SAN PABLO ROAD
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**PD
Dolan, James B. M.D.
4063 Salisbury Rd
Jacksonville, Florida 32209** ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**VD
O'Connor, Mary I.
4500 San Pablo Road
Jacksonville, Florida** ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

**TSD
KELLER, GREGORY C. MD
1325 San Marco Blvd Su 200
Jacksonville, Florida 32207** ☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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****130.00 ****130.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14, as appropriate, with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory C Keller

4/27/95

(904)

858-6469