

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 1325 SAN MARCO BLVD.

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 JACKSONVILLE FL

Zip

29 32207

Country

30 DUVAL

3. Date Incorporated or Qualified
05/31/1966

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2497822

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOLAN, JAMES B. M.D.
STREET ADDRESS 4063 SALISBURY RD.
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ DELETE

TITLE VD
NAME O'CONNOR, MARY I.
STREET ADDRESS 4500 SAN PABLO ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ DELETE

TITLE TSD
NAME KELLER, GREGORY C. MD.
STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MARY I. O'CONNOR, MD
1.3 STREET ADDRESS 4500 SAN PABLO RD.
1.4 CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME GREGORY C. KELLER, MD
2.3 STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 200
2.4 CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change ☒ Addition

3.1 TITLE TSD
3.2 NAME PHILIP R. HARDY, MD
3.3 STREET ADDRESS 1325 SAN MARCO BLVD. SUITE 200
3.4 CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP R. HARDY, MD

6-13-96 (904) 346-3465

Date

Daytime Phone #

CR2E037 (3/96)