

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710975** (4)
1. Corporation Name
THE NORTHEAST FLORIDA ORTHOPAEDIC SOCIETY, INC.



Principal Place of Business 1325 SAN MARCO BLVD. SUITE 200 JACKSONVILLE FL 32207	Mailing Address 1325 SAN MARCO BLVD. SUITE 200 JACKSONVILLE FL 32207
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3. Date Incorporated or Qualified
05/31/1966

4. FEI Number 59-2497822	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<input checked="" type="checkbox"/> DELETE
NAME	CONNOR, MARY I MD	
STREET ADDRESS	4500 SAN PABLO RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, GREGORY C MD	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	HARDY, PHILIP R MD	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARDY, PHILIP R MD	
1.3 STREET ADDRESS	1325 SAN MARCO BLVD	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LOVELESS, ERIC A MD	
2.3 STREET ADDRESS	807 NIRA STREET	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
3.1 TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SIEEL, MAXWELL MD	
3.3 STREET ADDRESS	4500 SAN PABLO RD	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental 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 if changed, or on an attachment with an address.

SIGNATURE:

Philip R. Hardy PHILIP R. HARDY MD 1-7-98 (904) 858-6403

CP2E037 (10/97)