

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90057 012 \*\*\*\*61.25

**DOCUMENT # 710975**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**05/31/1966**

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

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 ☒ DELETE

NAME **HARDY, PHILIP R MD**  
STREET ADDRESS **1325 SAN MARCO BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE VD ☐ DELETE

NAME **LOVELESS, ERIC A MD**  
STREET ADDRESS **807 NIRA ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE TSD ☐ DELETE

NAME **STEEL, MAXWELL MD**  
STREET ADDRESS **4500 SAN PABLO RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition

**Loveless, Eric A. M.D.**  
**807 Nira Street**  
**Jacksonville, FL 32207**

VD ☒ Change ☐ Addition

**Steele, Maxwell M.D.**  
**4500 San Pablo Road**  
**Jacksonville, FL 32224**

TSD ☒ Change ☒ Addition

**Kitay, Garry S. M.D.**  
**1325 San Marco Blvd., #200**  
**Jacksonville, FL 32207**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)