

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 APR 10 PM 2:46

DOCUMENT # **K61563 (8)**

1. Corporation Name  
**MUSCULOSKELETAL INSTITUTE, CHARTERED**

Principal Place of Business      Mailing Address  
**4175 E. FOWLER AVE. TAMPA FL 33617**      **4175 E. FOWLER AVE. TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified      9a. Date of Last Report  
**01/15/1989**      **05/01/1994**

4. FEI Number      Applied For  
**59-2020808**      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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      25. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**MORRISON, MCHAELE ANN  
4175 E. FOWLER AVE.  
TAMPA FL 33617**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>DS</b>
NAME	<b>GREENE, THOMAS MD.</b>
STREET ADDRESS	<b>4175 FOWLER AVENUE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b><del>DS</del> Past President</b>
NAME	<b>GUSTKE, KENNETH A. MD</b>
STREET ADDRESS	<b>4175 E. FOWLER AVENUER</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b><del>DS</del> President</b>
NAME	<b>SANDERS, ROY MD</b>
STREET ADDRESS	<b>4175 E. FOWLER AVENUE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b><del>DS</del> Vice President</b>
NAME	<b>BERNASEK, THOMAS MD</b>
STREET ADDRESS	<b>4175 E. FOWLER AVENUE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>Treasurer</b>
NAME	<b>Glenn R. Reckhine</b>
STREET ADDRESS	<b>4175 E. Fowler Ave</b>
CITY - ST - ZIP	<b>Tampa, Florida</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 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 607, Florida Statutes; and that my name appears in Block 12 or 13, if changed, or on an attachment with my address.

SIGNATURE: *Thomas A. Bernasek* 3/31/95 813-978-9700