

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **01/15/1989** 3a. Date of Last Report **04/10/1995**
4. FEI Number **59-2929608** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt # etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**ANDERSON, JOYCE B
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTKE, KENNETH A. MD	1.2 NAME	GUSTKE, KENNETH A. M.D.
STREET ADDRESS	4175 E. FOWLER AVENUER	1.3 STREET ADDRESS	4175 E. Fowler Avenue
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, ROY MD	2.2 NAME	WALLING, ARTHUR K. MD
STREET ADDRESS	4175 E. FOWLER AVENUE	2.3 STREET ADDRESS	4175 E. Fowler Avenue
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Member at Large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNASEK, THOMAS MD	3.2 NAME	HERSCOVICI, DOLFI, MD
STREET ADDRESS	4175 E. FOWLER AVENUE	3.3 STREET ADDRESS	4175 E. Fowler Avenue
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE	TRES <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN R. RECHTINE	4.2 NAME	
STREET ADDRESS	4175 E FOWLER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k) 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-94 (813) 978-9700
DATE TELEPHONE #

CR2E034 (3/96)