

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 03 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

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 33617-2011**

3. Date Incorporated or Qualified **01/15/1989** 3a. Date of Last Report **06/20/1996**
 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 Country 28 Zip Country
 24 25 29 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITILE	T	<input type="checkbox"/> DELETE
NAME	GUSTKE, KENNETH A. MD	
STREET ADDRESS	4175 E. FOWLER AVENUER	
CITY-ST-ZIP	TAMPA FL	
TITILE	P	<input type="checkbox"/> DELETE
NAME	SANDERS, ROY MD	
STREET ADDRESS	4175 E. FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITILE	VP	<input type="checkbox"/> DELETE
NAME	BERNASEK, THOMAS MD	
STREET ADDRESS	4175 E. FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITILE	S	<input type="checkbox"/> DELETE
NAME	WALLING, ARTHUR K MD	
STREET ADDRESS	4175 E FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	HERSCOVICI, DOLFI M	
STREET ADDRESS	4175 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL	
TITILE		<input type="checkbox"/> DELETE
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

CR2E034 (9/96)