

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

FILED
Feb 12 1998 8:00am
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K61563 (8)
 1. Corporation Name
MUSCULOSKELETAL INSTITUTE, CHARTERED



Principal Place of Business 4175 E. FOWLER AVE. TAMPA FL 33617	Mailing Address 4175 E. FOWLER AVE. TAMPA FL 33617
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1989	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc	27 City & State	4. FEI Number 59-2929608	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ANDERSON, JOYCE B
4175 E. FOWLER AVE.
TAMPA FL 33617

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITILE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTKE, KENNETH A. MD	1.2 NAME	
STREET ADDRESS	4175 E. FOWLER AVENUER	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SANDERS, ROY MD	2.2 NAME	
STREET ADDRESS	4175 E. FOWLER AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BERNASEK, THOMAS MD	3.2 NAME	
STREET ADDRESS	4175 E. FOWLER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WALLING, ARTHUR K MD	4.2 NAME	
STREET ADDRESS	4175 E FOWLER AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HERSCOVICI, DOLFI M	5.2 NAME	
STREET ADDRESS	4175 E FOWLER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITILE	<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 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: *Roy Sanders*

CR2E034 (10/97)