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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90061 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **K61563**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

01/15/1989

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 owes the current year Intangible Personal Property Tax. Yes No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

T
 NAME **GUSTKE, KENNETH A. MD**
 STREET ADDRESS **4175 E. FOWLER AVENUER**
 CITY-ST-ZIP **TAMPA FL**

P
 NAME **SANDERS, ROY MD**
 STREET ADDRESS **4175 E. FOWLER AVENUE**
 CITY-ST-ZIP **TAMPA FL**

VP
 NAME **BERNASEK, THOMAS MD**
 STREET ADDRESS **4175 E. FOWLER AVENUE**
 CITY-ST-ZIP **TAMPA FL**

S
 NAME **WALLING, ARTHUR K MD**
 STREET ADDRESS **4175 E FOWLER AVENUE**
 CITY-ST-ZIP **TAMPA FL**

D
 NAME **HERSCOVICI, DOLFI M**
 STREET ADDRESS **4175 E FOWLER AVE**
 CITY-ST-ZIP **TAMPA FL**

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

1/20/99

918-9700

CR2E034 (1/198)