

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90120 029 ***150.00

DOCUMENT # **K61563**

1. Entity Name

Musculoskeletal Institute, Chartered

Principal Place of Business

Mailing Address

**4175 E. Fowler Ave.
 Tampa, FL 33617**

**4175 E. Fowler Ave.
 Tampa, FL 33617**

C0053172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2929608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**Anderson, Joyce B.
 4175 E. Fowler Ave.
 Tampa, FL 33617**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	R	<input type="checkbox"/> Delete
NAME	Sanders, Roy MD	
STREET ADDRESS	4175 E. Fowler Ave.	
CITY-ST-ZIP	Tampa, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Bernasek, Thomas MD	
STREET ADDRESS	4175 E. Fowler Ave.	
CITY-ST-ZIP	Tampa, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Bustke, Kenneth A. MD	
STREET ADDRESS	4175 E. Fowler Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	Walling, Arthur K MD	
STREET ADDRESS	4175 E. Fowler Ave.	
CITY-ST-ZIP	Tampa, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Hess, Alfred MD	
STREET ADDRESS	4175 E. Fowler Ave.	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frankle, Mark MD	
STREET ADDRESS	4175 E. Fowler Ave	
CITY-ST-ZIP	Tampa, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roy Sanders
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
 Date

(813) 978-9700
 Daytime Phone #

CR2E034 (11/00)