

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61563

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: MUSCULOSKELETAL INSTITUTE, CHARTERED

**Current Principal Place of Business:**

13020 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 336370925

**New Principal Place of Business:**

**Current Mailing Address:**

13020 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 336370925

**New Mailing Address:**

FEI Number: 59-2929608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, JOYCE B  
13020 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 336370925 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANDERS, ROY MD  
Address: 13020 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: VP ( ) Delete  
Name: BERNASEK, THOMAS MD  
Address: 13020 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: S ( ) Delete  
Name: LEFFERS, DAVID MD  
Address: 13020 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D ( ) Delete  
Name: HESS, ALFRED MD  
Address: 13020 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: T ( ) Delete  
Name: FRANKLE, MARK MD  
Address: 13020 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D ( ) Delete  
Name: GASSER, SETH I MD  
Address: 13020 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPLE TERRACE, FL 336370925

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY SANDERS, MD

P

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date