

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61563

FILED
Feb 15, 2007
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

P

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date