

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61563

FILED
Feb 09, 2011
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

OFFICERS AND DIRECTORS:

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

Title: D
Name: BERNASEK, THOMAS L MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: T
Name: HESS, ALFRED V MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: S
Name: FRANKLE, MARK A MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 336370925

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

I hereby 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 all other like empowered.

SIGNATURE: ROY W. SANDERS, M.D.

P

02/09/2011

Electronic Signature of Signing Officer or Director

Date