

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32712** (4)

1. Corporation Name

FOUNDATION FOR MUSCULOSKELETAL RESEARCH AND EDUCATIONAL, INC.



Principal Place of Business

Mailing Address

% ROY SANDERS
4175 EAST FOWLER AVE.
TAMPA FL 33617

% ROY SANDERS
4175 EAST FOWLER AVE.
TAMPA FL 33617

3. Date incorporated or Qualified

06/08/1989

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2943168

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, ROY
4175 E. FOWLER AVE.
TAMPA FL 33617

81 Name

Sanders, Roy

82

Street Address (P.O. Box Number is Not Acceptable)
4175 E. Fowler Ave.

83

84

City
Tampa

FL

85 Zip Code
33617

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CARLSON, LLOYD R | |
| STREET ADDRESS | 40 MARGAN COURT | |
| CITY-ST-ZIP | MT DORA FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | BISHOP, JERRY | |
| STREET ADDRESS | 41 MORGAN COURT | |
| CITY-ST-ZIP | MT DORA FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | HAGEMAN, BERNEICE | |
| STREET ADDRESS | 79 CLIFF DRIVE | |
| CITY-ST-ZIP | MT. DORA FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | PALMER, BETTY | |
| STREET ADDRESS | 107 LISA DRIVE | |
| CITY-ST-ZIP | MT DORA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Phillip G. Spiegel, M.D. | |
| 1.3 STREET ADDRESS | 4175 E. Fowler Avenue | |
| 1.4 CITY-ST-ZIP | Tampa, FL 33617 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Robert J. Belsole, M.D. | |
| 2.3 STREET ADDRESS | 4175 E. Fowler Avenue | |
| 2.4 CITY-ST-ZIP | Tampa, FL 33617 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Arthur K. Walling, M.D. | |
| 3.3 STREET ADDRESS | 4175 E. Fowler Avenue | |
| 3.4 CITY-ST-ZIP | Tampa, FL 33617 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 300001850143 | |
| 5.3 STREET ADDRESS | -06/04/96--01106--025 | |
| 5.4 CITY-ST-ZIP | ***70.00 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

Date

Daytime Phone #

CR2E037 (12/95)