

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90066 028 \*\*\*150.00

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1. Corporation Name

MUSCULOSKELETAL MANAGEMENT SERVICES ORGANIZATION  
, INC.

Principal Place of Business

2010 59TH STREET WEST  
SUITE 4400  
BRADENTON FL 34209

Mailing Address

2010 59TH STREET WEST  
SUITE 4400  
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

65-0785286

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6015 Pointe West Blvd

2a. Mailing Address

26 6015 Pointe West Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bradenton FL

City & State

28 Bradenton FL

Zip

24 34209

Country

Zip

29 34209

Country

30

9. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L  
802 11 STREET WEST  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME OBREGON, ROBERT S  
STREET ADDRESS 2010 59TH ST WEST, SUITE 4400  
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition  
1.2 NAME Silbey, MARK B  
1.3 STREET ADDRESS 6015 Pointe West Blvd  
1.4 CITY-ST-ZIP BRADENTON FL 34209

2.1 TITLE Secretary ☐ Change ☒ Addition  
2.2 NAME Tally, Philip W.  
2.3 STREET ADDRESS 6015 Pointe West Blvd  
2.4 CITY-ST-ZIP BRADENTON FL 34209

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Obregon, Robert S.  
3.3 STREET ADDRESS 6015 Pointe West Blvd  
3.4 CITY-ST-ZIP BRADENTON, FL 34209

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12

Date

941 792 6060

Daytime Phone #

CR2E034 (11/98)

0481511