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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072325

1. Corporation Name

MUSCULOSKELETAL REHABILITATION SERVICES, 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

65-0829390

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

Suite, Apt., etc.

22

City & State

23 Bradenton FL

Zip

24 34209

Country

25

2a. Mailing Address

26 6015 Pointe West Blvd

Suite, Apt., etc.

27

City & State

28 Bradenton FL

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 W, 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

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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 P ☒ Change ☐ Addition

1.2 NAME Obregon Robert S.

1.3 STREET ADDRESS 6015 Pointe West Blvd

1.4 CITY-ST-ZIP Bradenton FL 34209

2.1 TITLE VP ☒ Change ☒ Addition

2.2 NAME Silbey, MARK B.

2.3 STREET ADDRESS 6015 Pointe West Blvd

2.4 CITY-ST-ZIP Bradenton FL 34209

3.1 TITLE Secretary ☐ Change ☒ Addition

3.2 NAME King, Michael A

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

941 792 6060
Daytime Phone #

CR2E034 (11/98)