

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61563

Entity Name: MUSCULOSKELETAL INSTITUTE, CHARTERED**Current Principal Place of Business:**13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637-0925**Current Mailing Address:**13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637-0925**FEI Number:** 59-2929608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, JOYCE B
13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637-0925 US*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**Officer/Director Detail :**

Title	P
Name	SANDERS, ROY WMD
Address	13020 TELECOM PARKWAY NORTH
City-State-Zip:	TEMPLE TERRACE FL 33637-0925

Title	T
Name	HESS, ALFRED VMD
Address	13020 TELECOM PARKWAY NORTH
City-State-Zip:	TEMPLE TERRACE FL 33637-0925

Title	V
Name	GASSER, SETH IMD
Address	13020 TELECOM PARKWAY NORTH
City-State-Zip:	TEMPLE TERRACE FL 33637-0925

Title	SECRETARY
Name	INFANTE, ANTHONY F
Address	13020 TELECOM PARKWAY NORTH
City-State-Zip:	TEMPLE TERRACE FL 33637-0925

Title	DIRECTOR
Name	SMALL, JOHN M
Address	13020 TELECOM PARKWAY NORTH
City-State-Zip:	TEMPLE TERRACE FL 33637-0925

Title	DIRECTOR
Name	LYONS, STEVEN T
Address	13020 TELECOM PARKWAY NORTH
City-State-Zip:	TEMPLE TERRACE FL 33637-0925

Title	DIRECTOR
Name	MIGHELL, MARK A
Address	13020 TELECOM PARKWAY NORTH
City-State-Zip:	TEMPLE TERRACE FL 33637-0925

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, MD

P

02/25/2013

Electronic Signature of Signing Officer/Director Detail_____
Date