

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 467031 (1)

1. Corporation Name
CHARLOTTE ORTHOPEDIC CLINIC, P.A.

Principal Place of Business 2595 HARBOR BLVD SUITE #102 PORT CHARLOTTE FL 33952	Mailing Address 2595 HARBOR BLVD SUITE #102 PORT CHARLOTTE FL 33952
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1974	
21		26		4. FEI Number 59-1563145	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

NUELLE, DOUGLAS G. M.D.
2595 HARBOR BLVD STE 102
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT ☐ DELETE	1.1 TITLE	PS ☒ Change ☐ Addition
NAME	NUELLE, M.D. D G.	1.2 NAME	
STREET ADDRESS	127 SE CREEK DRIVE	1.3 STREET ADDRESS	17223 ARTHUR AVENUE
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	33948
TITLE	PS ☐ DELETE	2.1 TITLE	VT ☒ Change ☐ Addition
NAME	KALER, M.D. D J.	2.2 NAME	
STREET ADDRESS	287 STEBBINS TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	33952
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: V

04/03/98

(941) 625-0984

CR2E034 (10/97)