

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 467031**

1. Entity Name

CHARLOTTE ORTHOPEDIC CLINIC, P.A.**FILED****Mar 27, 2000 8:00 am**
Secretary of State

03-27-2000 90098 026 ***150.00

Principal Place of Business

Mailing Address

**2595 HARBOR BLVD
SUITE #102
PORT CHARLOTTE FL 33952****2595 HARBOR BLVD
SUITE #102
PORT CHARLOTTE FL 33952-6730**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1563145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

KALER, M.D., DAVID J.

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

2595 HARBOR BLVD. - STE. #102

City

PORT CHARLOTTE**FL**Zip Code
33952

8. 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

DAVID J. KALER, M.D.**03/21/00**

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PS			
	NUELLE, M.D. D G.	17223 ARTHUR AVE	PORT CHARLOTTE FL 33948	
	VT			
	KALER, M.D. D J.	287 STEBBINS TERRACE	PORT CHARLOTTE FL 33952	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PVST			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: **X****DAVID J. KALER, M.D.****03/21/00****(941) 625-0984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)