

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 467031**

1. Entity 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**



04012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**KALER, DAVID J  
2595 HARBOR BLVD STE 102  
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000179686  
04/19/04-80109-009 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PVST  
KALER, M.D. D.J.  
287 STEBBINS TERRACE  
PORT CHARLOTTE, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 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

**4/15/04**  
Date Daytime Phone #