2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 05, 2005 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

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

U00000216228
02/05/05-80041-003 150.00

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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X_____ 2/3/05