


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90045 042 \*\*\*150.00

<b>DOCUMENT # 467031</b> 1. Entity Name <b>CHARLOTTE ORTHOPEDIC CLINIC, P.A.</b>					
Principal Place of Business <b>4161 TAMIAMI TRL # 101 PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>2595 HARBOR BLVD SUITE #102 PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4161 Tamiami Trail</b>			
Suite, Apt. #, etc. <b>SAME</b>		Suite, Apt. #, etc. <b>Unit 101</b>			
City & State <b>SAME</b>		City & State <b>Port Charlotte, FL</b>		4. FEI Number <b>59-1563145</b>	
Zip <b>33952</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KALER, DAVID J 2595 HARBOR BLVD STE 102 PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>4161 Tamiami Trail</b> <b>Unit 101</b> City <b>Port Charlotte</b> <b>FL</b> <b>33952</b>	
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: <u><i>David J. Kaler</i></u> DATE: <u>1/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALER, DAVID J 32831 SERENE DR PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>David J. Kaler</i></u> DATE: <u>1/17/07</u> 941-625-0984 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					