

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 467031

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** CHARLOTTE ORTHOPEDIC CLINIC, P.A.

**Current Principal Place of Business:**

4161 TAMIAMI TRL  
# 101  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4161 TAMIAMI TRL  
# 101  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 59-1563145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KALER, DAVID J MD  
4161 TAMIAMI TRAIL  
UNIT 101  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KALER, DAVID J  
Address: 32831 SERENE DR  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP  
Name: REISS, JASON E  
Address: 3646 SAN SEBASTIAN COURT  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID J. KALER MD

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date