

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467031

FILED
Jan 03, 2012
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 ()**

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

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

_____ Electronic Signature of Signing Officer or Director

PRES

01/03/2012

_____ Date