FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FORT MYERS FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

DOCUMENT # 601297 1. Corporation Name ASSOCIATES IN ORTHOPEDICS, M.D., P.A.									
Principal Place	al Place of Business Mailing Address					print #4191 (1818 1/318 11	1964 1 48 1 8184 811	41911 8:411 9	11911 BIBIT 1881
2745 SWAMP CABBAGE CT 2745 SWAMP CABE FT MYERS FL 33901 FT MYERS FL 3390				•		DO NOT WRI	TE IN THIS :	SPACE	
					3. Date Incorp 08/12/19	orated or Qualifed 69			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			_ `	plied For
21		26 4033 OLIVE A	rence	J2.07	59-12692	18			t Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired		\$8.75 A Fee Re	
	City & State City & State				6. Election Car Trust Fund	mpaign Financing Contribution		\$5.00 Added t	
Zip	Country 25	Zip 29 34231 30	Country		8. This corpora Personal Pr	ation owes the curr operty Tax.	ent year Inta	ngible XYes	□No
<u> </u>	9. Name and Address of Current I	Registered Agent	10. Name and Address of New Registered Agent						
WROBEL, GERALD C. 2745 SWAMP CABBABGE COURT FT. MYERS FL 33901			81 82 83	GREGORY T. WROBEL 82 Street Address (P.O. Box Number is Not Acceptable) 4033 OLIVE AVENUE					
!			84	City	ALASOTA		FL		23)
office or re agent. I an l SIGNATURE	to the provisions of Sections 607.0502 agistered agent, or both, in the State of a familiar with, and accept the obligation	Florida. Such change was authors of, Section 607.0505, Florida	orized by Statutes	e-named the corpo	corporation submits this pration's board of direct	s statement for the ors. I hereby acce	purpose of on the appoint	changing its itment as re	registered gistered
12.	Signature, typed of printed name of registered agent a OFFICERS AND		gistered Age	nt signature n	equired when reinstating) ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PST OFFICERS AND	DELETE	1.1 TITLE		DPST			Change	∑ Additi
NAME I	WROBEL, GERALD, C., M.D.	PA 3-12-14	12 NAME		GOSGORUT. WE	10BEL			
STREET ADDRESS 2745 SWAMP CABBAGE COURT			13STREE	TADDRESS	4033 OLIVE AE	33 OLIVE MENUE			

☐ DELETE

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLÉ

3.2 NAME

4.1 TITLE

4. 2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CfTY-ST-ZIP

2.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SMEAGOTA, FL 34231

Applied For Not Applicable \$8.75 Additional

□ Change

☐ Change

☐ Change

03-23-1999 90036 031 ***150.00

CR2E034 (11/98)

☐ Addition

Addition

☐ Addition