

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90036 031 ***150.00

DOCUMENT # 601297

1. Corporation Name

ASSOCIATES IN ORTHOPEDICS, M.D., P.A.

Principal Place of Business

2745 SWAMP CABBAGE CT
FT MYERS FL 33901

Mailing Address

2745 SWAMP CABBAGE CT
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1969

4. FEI Number

59-1269218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4033 OLIVE AVENUE

27 Suite, Apt. #, etc.

28 City & State

28 SARASOTA, FL

29 Zip

29 34231

30 Country

30 USA

9. Name and Address of Current Registered Agent

WROBEL, GERALD C.
2745 SWAMP CABBAGE COURT
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

GREGORY T. WROBEL

82 Street Address (P.O. Box Number is Not Acceptable)

4033 OLIVE AVENUE

83

84 City

SARASOTA

FL

85 Zip Code

34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Gregory T. Wrobel

Signature, typed or printed name of Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME WROBEL, GERALD, C., M.D.
STREET ADDRESS 2745 SWAMP CABBAGE COURT
CITY-ST-ZIP FORT MYERS FL

☒ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DPST

1.3 STREET ADDRESS GREGORY T. WROBEL

1.4 CITY-ST-ZIP 4033 OLIVE AVENUE

1.5 CITY-ST-ZIP SARASOTA, FL 34231

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Gregory T. Wrobel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

Daytime Phone #

CR2E034 (1/1/98)