2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 652955

1. Entity Name

ATLANTIC ORTHOPEDIC ASSOCIATION, P.A.-
CHARLES D.), M.D.

Principal Place of Business	Mailing Address
1770 NE JENSEN BEACH BLVD. JENSEN BEACH FL 34957 US	1770 NE JENSEN BCH BLVD. JENSEN EBACH FL 34957 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2EX

4. FEI Number 59-1924713

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered
PHILLIPS, CHARLES D. 1770 NE JENSEN BEACH BLVD. JENSEN BEAHC FL 34957	Name Street Address (P.O. Box Number is Not Acceptable) City

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 a accept the obligations of registered agent.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Two signed Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financ Trust Fund Contribution May Be Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete PHILLIPS, CHARLES D. 1770 NE JENSEN BEACH BLVD. JENSEN BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition U00000485434 04/12/06-80083-0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cer 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/20/06