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 CR2E0

4. FEI Number 59-1924713

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

PHILLIPS, CHARLES D.
1770 NE JENSEN BEACH BLVD.
JENSEN BEAHC FL 34957

7. Name and Address of New Registered

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[...] the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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.

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

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: [signature] 3/20/06