

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759406

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: ORTHOGATORS, INC.

## Current Principal Place of Business:

1600 SW ARCHER RD D7-19  
GAINESVILLE, FL 32610 US

## New Principal Place of Business:

1600 SW ARCHER RD D7-19  
GAINESVILLE, FL 32610 US

## Current Mailing Address:

PO BOX 100444 JHMHC  
GAINESVILLE, FL 32610 US

## New Mailing Address:

PO BOX 100444 JHMHC  
GAINESVILLE, FL 32610 US

FEI Number: 59-2982577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALOGERO, DOLCE DR.  
1600 SW ARCHER RD D7-19  
GAINESVILLE, FL 32610 US

## Name and Address of New Registered Agent:

PATEL, SHREENA DR.  
10059 BISHOP LAKE WAY  
JACKSONVILLE, FL 32256 US

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: SHREENA PATEL

02/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VAKANI, ARVIND DR.  
Address: 3305 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: CALOGERO, DOLCE DR.  
Address: 8430 S.W 23RD PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: PD ( ) Delete  
Name: WHEELER, TIM DR.  
Address: 1600 SW ARCHER ROAD, D7-19  
City-St-Zip: GAINESVILLE, FL 32610

Title: D ( ) Delete  
Name: CHAPMAN, STEVE  
Address: 108 N. PALM AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: PP ( ) Delete  
Name: FERRER, DEBBIE DR.  
Address: 3910 BAYVIEW DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: S ( ) Delete  
Name: BALDWIN, STEPHANIE MRS.  
Address: 1600 SW ARCHER ROAD, D7-19  
City-St-Zip: GAINESVILLE, FL 32610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition  
Name: VAKANI, ARVIND DR.  
Address: 3305 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34997

Title: T (X) Change ( ) Addition  
Name: PATEL, SHREENA DR.  
Address: 10059 BISHOP LAKE WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P (X) Change ( ) Addition  
Name: MONTINI, REID DR.  
Address: 3570 SW 89TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WEXLER, DON DR.  
Address: 1222 MARINER BLVD.  
City-St-Zip: SPRING HILL, FL 34609

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE BALDWIN

S

02/20/2009

Electronic Signature of Signing Officer or Director

Date