


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90141 026 ***150.00

DOCUMENT # F02478		
1. Entity Name ADVANCED ORTHOPEDIC CENTER OF CHARLOTTE COUNTY, P.A.		

Principal Place of Business 1641 TAMiami TRAIL PORT CHARLOTTE, FL 33948 US	Mailing Address 1641 TAMiami TRAIL PORT CHARLOTTE, FL 33948 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2050967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, KENNETH D.
 1641 TAMiami TRAIL SUITE A
 PORT CHARLOTTE, FL 33952

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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 am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVY, KENNETH D. 22901 BAYSHORE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST CONSTINE, RONALD M 3306 TRIPOLI BLVD. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENBERG, DALE A. 4581 GRASSY POINT BLVD. PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNORS, NICHOLAS J 123 CREEK DR. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOHAR, ROBERT P 5750 RIVERSIDE DR PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  RONALD CONSTINE, M.D. 3/29/07 941-69-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #