

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02478

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ADVANCED ORTHOPEDIC CENTER OF CHARLOTTE COUNTY, P.A.

**Current Principal Place of Business:**

1641 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

1641 TAMIAMI TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33948 US

**Current Mailing Address:**

1641 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

1641 TAMIAMI TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33948 US

FEI Number: 59-2050967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEVY, KENNETH D.  
Address: 22901 BAYSHORE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VDST ( ) Delete  
Name: CONSTINE, RONALD M  
Address: 3306 TRIPOLI BLVD.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD ( ) Delete  
Name: GREENBERG, DALE A.  
Address: 4581 GRASSY POINT BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD ( ) Delete  
Name: CONNORS, NICHOLAS J  
Address: 123 CREEK DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete  
Name: STCHER, ROBERT  
Address: 5750 RIVERSIDE DR  
City-St-Zip: PUNTA GORDA, FL 33982

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LEVY, KENNETH D MD  
Address: 22901 BAYSHORE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VDST (X) Change ( ) Addition  
Name: CONSTINE, RONALD M MD  
Address: 3306 TRIPOLI BLVD.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD (X) Change ( ) Addition  
Name: GREENBERG, DALE A MD  
Address: 4581 GRASSY POINT BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD (X) Change ( ) Addition  
Name: CONNORS, NICHOLAS J MD  
Address: 123 CREEK DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD (X) Change ( ) Addition  
Name: STCHUR, ROBERT R MD  
Address: 5750 RIVERSIDE DR  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VD ( ) Change (X) Addition  
Name: HESS, SAMUEL J MD  
Address: 1100 VIA TRIPOLI  
City-St-Zip: PUNTA GORDA, FL 33950

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. LEVY

VP

03/27/2009

Electronic Signature of Signing Officer or Director

Date