

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02478

FILED
Jan 18, 2010
Secretary of State

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

Current Principal Place of Business:

1641 TAMIAMI TRAIL
SUITE 1
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

1641 TAMIAMI TRAIL
SUITE 1
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KENNETH D. LEVY, M.D.

DP

01/18/2010

Electronic Signature of Signing Officer or Director

_____ Date