

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 AM 10:22

DOCUMENT # G06358

1. Corporation Name

VENICE ORTHOPEDICS - ALAN R. MAURER, M.D., P.A.



Principal Place of Business

1511 TAMiami TRAIL
#202
VENICE FL 34292
US

Mailing Address

1511 TAMiami TRAIL
#202
VENICE FL 34292
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1982

4. FEI Number

59-2234458

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MAURER, ALAN R
1511 S. TAMiami TRAIL, #202
VENICE FL 34292

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
MAURER, ALAN R
1511 S TAMiami TRL 202
VENICE FL

TITLE

NAME
MAURER, ALAN R
1511 S TAMiami TRL 202
VENICE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

012825

CR2E034 (5/99)

ALAN R. MAURER, M.D.

ORTHOPAEDIC SURGERY
DIPLOMATE, AMERICAN BOARD
OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY
OF ORTHOPAEDIC SURGEONS

1511 SOUTH TAMiami TRAIL
SUITE 202
VENICE, FLORIDA 34292

TELEPHONE: (941) 497-1771
FAX: (941) 497-1860

JOHN PAUL VIDOLIN, M.D.

BOARD CERTIFIED
ORTHOPAEDIC SURGERY
SPORTS MEDICINE
ARTHROSCOPIC SURGERY

September 28, 1999

Florida Department Of State
Division Of Corporations
Post Office Box 6327
Tallahassee, FL. 32314

Gentleman:

Today for the first time we received a "second notice" to file an annual report. I spoke with Michelle in your office and told her that we never received a "first notice." She said to complete the form today and mail it with the original filing fee of \$150.00.

Sincerely yours,



Alan R. Maurer, M.D.