

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000009637**

1. Entity Name

CHARLOTTE ORTHOPAEDIC SURGEONS, L.C.**FILED**
Jul 16, 2002 8:00 am
Secretary of State

01-28-2002 90018 007 ****50.00

07-16-2002 90371 014 ****50.00

Principal Place of Business

Mailing Address

2595 HARBOR BOULEVARD, SUITE 102
PORT CHARLOTTE FL**2595 HARBOR BOULEVARD, SUITE 102**
PORT CHARLOTTE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1563145

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALER, DAVID J.M.D.**2595 HARBOR BOULEVARD, SUITE 102**
PORT CHARLOTTE FL

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KALER, DAVID J.M.D. ☐ Delete
2595 HARBOR BOULEVARD, SUITE 102
PORT CHARLOTTE FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SASLOW, HOWARD M.D. ☐ Delete
2595 HARBOR BOULEVARD
PORT CHARLOTTE FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/2/02 (941) 625-0984

CR2E083 (4/02)