

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759406

Entity Name: ORTHOGATORS, INC.

Current Principal Place of Business:

1395 CENTER DRIVE, D7-19
GAINESVILLE, FL 32610-0444

Current Mailing Address:

PO BOX 100444
GAINESVILLE, FL 32610 US

FEI Number: 59-2982577

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, SHREENA DR.
PATEL & CARDEN BEACHES ORTHODONTICS
3450 SOUTH 3RD STREET
JACKSONVILLE BEACH, FL 32250 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name MANSOUR, DAVID DR.
Address ORTHOGATORS
PO BOX 100444
City-State-Zip: GAINESVILLE FL 32610

Title PP
Name MOOPEN, ANZIR DR.
Address PO BOX 100444
City-State-Zip: GAINESVILLE FL 32610

Title S
Name OCHOA, KATHIE
Address PO BOX 100444
City-State-Zip: GAINESVILLE FL 32610-0444

Title PRESIDENT
Name WILLIAMS, NOELLE
Address 3150 SOUTH CONWAY ROAD
City-State-Zip: ORLANDO FL 32812

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

SIGNATURE: KATHIE OCHOA

SECRETARY

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date