

2014 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	PATEL, SHREENA DR.
Address	PATEL & CARDEN BEACHES ORTHODONTICS 3450 SOUTH 3RD STREET
City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	PP
Name	LAWTON, BRETT DR.
Address	201 N. LAKEMONT AVENUE, STE. 400
City-State-Zip:	WINTER PARK FL 32792

Title	S
Name	OCHOA, KATHIE
Address	PO BOX 100444
City-State-Zip:	GAINESVILLE FL 32610-0444
Title	PRESIDENT
Name	REED, JUDDSON DR.
Address	2720 SE 17TH STREET
City-State-Zip:	OCALA FL 34471

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****04/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date