

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02478

**FILED**  
**Feb 25, 2021**  
**Secretary of State**  
**2402587721CC**

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

**Current Principal Place of Business:**

1641 TAMIAMI TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

1641 TAMIAMI TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33948 US

**FEI Number: 59-2050967**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREENBERG, DALE  
1641 TAMIAMI TRAIL  
SUITE A  
PORT CHARLOTTE, FL 33952 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: DALE GREENBERG**

**02/25/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GREENBERG, DALE A DR.  
Address        1641 TAMIAMI TRAIL  
                 SUITE 1  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            VP, DIRECTOR  
Name            CONNORS, NICHOLAS J DR.  
Address        1641 TAMIAMI TRAIL  
                 SUITE 1  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            VP, DIRECTOR  
Name            STCHUR, ROBERT P DR.  
Address        1641 TAMIAMI TRAIL  
                 SUITE 1  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            VP, DIRECTOR, TREASURER  
Name            GEBAUER, GREGORY P DR.  
Address        1641 TAMIAMI TRAIL  
                 SUITE 1  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            VP, DIRECTOR  
Name            REISS, JASON E DR.  
Address        1641 TAMIAMI TRAIL  
                 SUITE 1  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            VP, DIRECTOR  
Name            ANTHONY, STEVEN R DR.  
Address        1641 TAMIAMI TRAIL  
                 SUITE 1  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            V.P., DIRECTOR  
Name            JAMES, LEE M DR.  
Address        1641 TAMIAMI TRAIL  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            V.P., DIRECTOR, SECRETARY  
Name            MLNARIK, JASON M DR.  
Address        1641 TAMIAMI TRAIL  
City-State-Zip: PORT CHARLOTTE FL 33948

*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: DALE GREENBERG**

**PRESIDENT**

**02/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date