Entity Name: ADVANCED ORTHOPEDIC CENTER OF CHARLOTTE COUNTY, P.A. Current Principal Place of Business: 1641 TAMIAMI TRAIL

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

SUITE 1 PORT CHARLOTTE, FL 33948

DOCUMENT# F02478

Current Mailing Address:

1641 TAMIAMI TRAIL SUITE 1 PORT CHARLOTTE, FL 33948 US

FEI Number: 59-2050967

Name and Address of Current Registered Agent:

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

The above named optity submits this statement for the surgess of changing its registered office or registered agent, or both, in the State of Elevida

	entity submits this statement for the purpose of changing its n	egistered office or regis	stered agent, or both, in the State of Fic	orida.
SIGNATURE	DALE GREENBERG			01/09/2018
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	VP, TREASURER, SECRETARY, DIRECTOR	Title	PRESIDENT, DIRECTOR	
Name	CONSTINE, RONALD M DR.	Name	GREENBERG, DALE A DR.	
Address	1641 TAMIAMI TRAIL SUITE 1	Address	1641 TAMIAMI TRAIL SUITE 1	
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948	
T '0.	VP DIDECTOR	Title	VP, DIRECTOR	
Title Name	VP, DIRECTOR CONNORS, NICHOLAS J DR.	Name	STCHUR, ROBERT P DR.	
Address	1641 TAMIAMI TRAIL	Address	1641 TAMIAMI TRAIL SUITE 1	
City-State-Zip:	SUITE 1 PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948	
Title	VP, DIRECTOR GEBAUER, GREGORY P DR.	Title	VP, DIRECTOR	
Name		Name Address	REISS, JASON E DR.	
Address	1641 TAMIAMI TRAIL		1641 TAMIAMI TRAIL SUITE 1	
City-State-Zip:	SUITE 1 PORT CHARLOTTE FL 33948	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			

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

Electronic Signature of Signing Officer/Director Detail

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Certificate of Status Desired: No

PRESIDENT