

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02478

Entity Name: ADVANCED ORTHOPEDIC CENTER OF CHARLOTTE COUNTY,
P.A.**FILED**
Dec 03, 2019
Secretary of State
2482408007CC**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****12/03/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** VP, TREASURER, SECRETARY,
DIRECTOR
Name CONSTINE, RONALD M 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 GEBAUER, GREGORY P 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** PRESIDENT, DIRECTOR
Name GREENBERG, DALE A 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
Name REISS, JASON E DR.
Address 1641 TAMIAMI TRAIL
SUITE 1
City-State-Zip: PORT CHARLOTTE FL 33948**Title** V.P.
Name JAMES, LEE M DR.
Address 1641 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33948**Continues on page 2**

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 A. GREENBERG**PRESIDENT****12/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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