

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02478

FILED
Jan 12, 2014
Secretary of State
CC5465895141

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:

LEVY, KENNETH D.
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name LEVY, KENNETH D DR.
Address 1641 TAMIAMI TRAIL
 SUITE 1
City-State-Zip: PORT CHARLOTTE FL 33948

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 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
Name GEBAUER, GREGORY P 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: KENNETH D. LEVY, M.D

PRESIDENT

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date