

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02478

FILED
Mar 19, 2013
Secretary of State
CC0596045201

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 DP
Name LEVY, KENNETH DMD
Address 22901 BAYSHORE
City-State-Zip: PUNTA GORDA FL 33982

Title VDST
Name CONSTINE, RONALD MMD
Address 3306 TRIPOLI BLVD.
City-State-Zip: PUNTA GORDA FL 33950

Title VD
Name GREENBERG, DALE AMD
Address 4581 GRASSY POINT BLVD.
City-State-Zip: PORT CHARLOTTE FL 33948

Title VD
Name CONNORS, NICHOLAS JMD
Address 123 CREEK DR.
City-State-Zip: PORT CHARLOTTE FL 33952

Title VD
Name STCHUR, ROBERT RMD
Address 5750 RIVERSIDE DR
City-State-Zip: PUNTA GORDA FL 33982

Title VD
Name HESS, SAMUEL JMD
Address 1100 VIA TRIPOLI
City-State-Zip: PUNTA GORDA FL 33950

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 LEVY

DMD

03/19/2013

Electronic Signature of Signing Officer/Director Detail

Date