

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02478

**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC0196692492**

**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

Title           VP, DIRECTOR  
Name           REISS, JASON E 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**

**PRESIDENT**

**02/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date