

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000052084

**Entity Name:** APPLIED ORTHOPAEDIC RESEARCH INC

**Current Principal Place of Business:**

19 MAHOE DRIVE NORTH  
PALM COAST, FL 32137

**Current Mailing Address:**

P.O. BOX 353819  
PALM COAST, FL 32135

**FEI Number:** 46-2997165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEISS, CHARLES  
19 MAHOE DRIVE NORTH  
PALM COAST, FL 32137 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 P  
Name WEISS, CHARLES  
Address PO BOX 353819  
City-State-Zip: PALM COAST FL 32135

*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:** CHARLES WEISS

**PRESIDENT**

**03/17/2016**

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

\_\_\_\_\_  
Date