## 2017 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

FILED Apr 26, 2017

**Secretary of State** 

CC0660344660

## Officer/Director Detail:

Title F

Name WEISS, CHARLES Address PO BOX 353819

City-State-Zip: PALM COAST FL 32135

SIGNATURE: CHARLES WEISS

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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

04/26/2017 Date