

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015922

FILED
Mar 26, 2009
Secretary of State

Entity Name: THE CLEARWATER ORTHOPAEDIC ASC, LLC

Current Principal Place of Business:

2246 DREW STREET
CLEARWATER, FL 34625

New Principal Place of Business:

2238 DREW STREET
CLEARWATER, FL 34625

Current Mailing Address:

2246 DREW STREET
CLEARWATER, FL 34625

New Mailing Address:

5217 MARYLAND WAY
SUITE 200
BRENTWOOD, TN 37027

FEI Number: 33-1011433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOCKARD, JEFFREY
Address: 5217 MARYLAND WAY STE 200
City-St-Zip: BRENTWOOD, TN 37027

Title: MGR () Delete
Name: ABDEL HANNA, ASHRAF FOUAD MD
Address: 2250 DREW ST
City-St-Zip: CLEARWATER, FL 33765

Title: MGR () Delete
Name: TORRES-RAMOS, FRANCISCO M
Address: 2250 DREW ST
City-St-Zip: CLEARWATER, FL 33765

Title: MGR () Delete
Name: BURNS, SUSAN
Address: 5217 MARYLAND WAY STE 200
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFREY L. STOCKARD

MGR

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date