


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90101 025 ****50.00

DOCUMENT # L03000034824					
1. Entity Name CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES, P.L.					
Principal Place of Business 80 JENNI ASHLEY COURT WINTER HAVEN, FL 33884-3044			Mailing Address 80 JENNI ASHLEY COURT WINTER HAVEN, FL 33884-3044		
2. Principal Place of Business 2000 E. Edgewood Dr., #112 Suite, Apt. #, etc.		3. Mailing Address Same as 2 Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State		4. FEI Number 16-1686153	
Zip 33803		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, STUART D 80 JENNI ASHLEY COURT WINTER HAVEN, FL 33884-3044			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, STUART D. 2000 E. EDGEWOOD DR., #112 LAKELAND, FL 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____			02-17-04 (863) 6663436		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #