

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034824

**FILED**  
**Jan 15, 2007**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES, P.L.

**Current Principal Place of Business:**

2000 E EDGEWOOD DR. #112  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

2000 E EDGEWOOD DR. #112  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 16-1686153      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATTERSON, STUART D  
80 JENNI ASHLEY COURT  
WINTER HAVEN, FL 338843044 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: MGRM ( ) Delete  
Name: PATTERSON, STUART D  
Address: 2000 E. EDGEWOOD DR. #112  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART D. PATTERSON

MGRM

01/15/2007

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