

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 30, 2009
Secretary of State**

DOCUMENT# L03000034824

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** (X)

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 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

01/30/2009

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