

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034824

**FILED**  
**Jan 17, 2011**  
**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  
Name: PATTERSON, STUART D  
Address: 2000 E. EDGEWOOD DR. #112  
City-St-Zip: LAKELAND, FL 33803

I hereby 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

01/17/2011

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