

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036640

FILED
Apr 27, 2006
Secretary of State

Entity Name: SPECIALTY ORTHOPEDIC ASSOCIATES, P.L.

Current Principal Place of Business:

1120 CARLTON AVENUE, SUITE 1300
LAKE WALES, FL 33853

New Principal Place of Business:

1204 CARLTON AVENUE
LAKE WALES, FL 33853

Current Mailing Address:

1120 CARLTON AVENUE, SUITE 1300
LAKE WALES, FL 33853

New Mailing Address:

320 1ST STREET NORTH
WINTER HAVEN, FL 33881

FEI Number: 20-2703213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REDDY, PONNAVOLU D M.D.
1120 CARLTON AVENUE, SUITE 1300
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

REDDY, PONNAVOLU D M.D.
1204 CARLTON AVENUE
LAKE WALES, FL 33853 US

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: _____

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REDDY, PONNAVOLU D M.D.
Address: 1120 CARLTON AVENUE, SUITE 1300
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REDDY, PONNAVOLU D M.D.
Address: 1204 CARLTON AVENUE
City-St-Zip: LAKE WALES, FL 33853

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: PONNAVOLU REDDY

MGR

04/27/2006

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