

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036640

FILED
Apr 27, 2007
Secretary of State

Entity Name: SPECIALTY ORTHOPEDIC ASSOCIATES, P.L.

Current Principal Place of Business:

1204 CARLTON AVENUE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

320 1ST STREET NORTH
WINTER HAVEN, FL 33881

New Mailing Address:

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

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: PONNAVOLU REDDY

MGR

04/27/2007

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