

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036640

**FILED**  
**Apr 22, 2009**  
**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, MD

MGR

04/22/2009

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