| I hereby certify that the information indicated on this report or supplemental report is true and accura | ate and that my electronic signature shall have the same | e legal effect as if made under |
|--|--|-----------------------------------|
| oath; that I am a managing member or manager of the limited liability company or the receiver or tru that my name appears above, or on an attachment with all other like empowered. | istee empowered to execute this report as required by C | hapter 605, Florida Statutes; and |
| SIGNATURE: RHONDA LIBRADO | PRACTICE | 04/04/2018 |

1245 COURT STREET SUITE 102

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: | ALAN GASSMAN | GASSMAN | | | |
|-------------------------------|-----------------|--|-----------------|---------------------|------|--|
| | | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | | |
| | Title | MGR | Title | MGR | | |
| | Name | HANNA, ASHRAF | Name | LIBRADO, RHONDA | | |
| | Address | 2250 DREW ST | Address | 2250 DREW STREET | | |
| | City-State-Zip: | CLEARWATER FL 33765 | City-State-Zip: | CLEARWATER FL 33765 | | |
| | | | | | | |

Current Principal Place of Business: CLEARWATER, FL 33765

2238 DREW STREET

DOCUMENT# L02000015922

Current Mailing Address:

2238 DREW STREET CLEARWATER, FL 33765 US

FEI Number: 33-1011433

Name and Address of Current Registered Agent:

GASSMAN, ALAN ESQ. CLEARWATER, FL 33765 US

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THE CLEARWATER ORTHOPAEDIC ASC, LLC

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 04, 2018 Secretary of State CC9741661317

Certificate of Status Desired: No

PRACTICE ADMINISTRATOR