# I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY STOCKARD

Electronic Signature of Signing Authorized Person(s) Detail

MGR

## Current Principal Place of Business:

Entity Name: THE CLEARWATER ORTHOPAEDIC ASC, LLC

2238 DREW STREET CLEARWATER, FL 33765

#### **Current Mailing Address:**

DOCUMENT# L02000015922

5217 MARYLAND WAY SUITE 200 BRENTWOOD, TN 37027

#### FEI Number: 33-1011433

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

	Title	MGR	Title	MGR
	Name	STOCKARD, JEFFREY	Name	HANNA, ASHRAF
	Address	5217 MARYLAND WAY STE 200	Address	2250 DREW ST
	City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	CLEARWATER FL 33765
	Title	MGR	Title	MGR
	Name	BRADLEY, BARBARA	Name	SAVAGE, JOHN
	Address	2250 DREW ST	Address	5217 MARYLAND WAY STE 200
	City-State-Zip:	CLEARWATER FL 33765	City-State-Zip:	BRENTWOOD TN 37027

# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### FILED Jan 31, 2013 Secretary of State CC2379950836

Certificate of Status Desired: No

Date

01/31/2013

Date