# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034824

Entity Name: CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES,

P.L.

FILED
Jan 20, 2015
Secretary of State
CC2902513652

# **Current Principal Place of Business:**

2000 E EDGEWOOD DR. #112 LAKELAND, FL 33803

# **Current Mailing Address:**

2000 E EDGEWOOD DR. #112 LAKELAND, FL 33803

FEI Number: 16-1686153 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

PATTERSON, STUART D 2000 E EDGEWOOD DR. #112 LAKELAND, FL 33803 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

Date

# **Authorized Person(s) Detail:**

Title MGRM

Name PATTERSON, STUART D
Address 2000 E. EDGEWOOD DR. #112

City-State-Zip: LAKELAND FL 33803

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**PRESIDENT** 

SIGNATURE: STUART D PATTERSON