

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034824

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**8323586755CC**

**Entity Name:** CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES,  
P.L.

**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: No**

**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.*

**SIGNATURE: STUART PATTERSON, MD**

**MANAGING PARTNER**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date