

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036640

Entity Name: SPECIALTY ORTHOPEDIC ASSOCIATES, P.L.

Current Principal Place of Business:

49 HARBOUR ESTATES DRI
WINTERHAVEN, FL 33884

Current Mailing Address:

49 HARBOUR ESTATES DRIVE
WINTER HAVEN, FL 33884 US

FEI Number: 20-2703213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REDDY, PONNAVOLU DM.D.
49 HARBOUR ESTATES DRI
WINTERHAVEN, FL 33884 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 MGR
Name REDDY, PONNAVOLU D
Address 49 HARBOUR ESTATES DRI
City-State-Zip: WINTERHAVEN FL 33884

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: PONNAVOLU D REDDY

MANAGER

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date