

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000036640

**Entity Name:** SPECIALTY ORTHOPEDIC ASSOCIATES, P.L.

**Current Principal Place of Business:**

1204 CARLTON AVENUE  
LAKE WALES, FL 33853

**Current Mailing Address:**

49 HARBOUR ESTATES DRIVE  
WINTER HAVEN, FL 33884

**FEI Number:** 20-2703213

**Certificate of Status Desired:** Yes

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

REDDY, PONNAVOLU DM.D.  
1204 CARLTON AVENUE  
LAKE WALES, FL 33853 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 DM.D.  
Address        1204 CARLTON AVENUE  
City-State-Zip: LAKE WALES FL 33853

*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

**PRESIDENT**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date