

2016 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

MANAGER

03/05/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date