

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062455

**Entity Name:** SPECIALTY ORTHOPEDIC CENTER, L.L.C.

**Current Principal Place of Business:**

9325 GLADES ROAD  
205  
BOCA RATON, FL 33434

**Current Mailing Address:**

9325 GLADES ROAD  
205  
BOCA RATON, FL 33434 US

**FEI Number:** 26-2879697

**Certificate of Status Desired:** No

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

SAHAI, ASHISH  
9325 GLADES ROAD  
205  
BOCA RATON, FL 33434 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 SAHAI, ASHISH  
Address 9325 GLADES ROAD, SUITE 205  
City-State-Zip: BOCA RATON FL 33434

Title MGRM  
Name GUPTA, MANISH  
Address 9325 GLADES ROAD, SUITE 205  
City-State-Zip: BOCA RATON FL 33434

*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:** MANISH GUPTA

MGRM

04/23/2018

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

\_\_\_\_\_  
Date