

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000040895

Entity Name: VOLUSIA ORTHOPAEDIC TRAUMA CALL ASSOCIATES, LLC**Current Principal Place of Business:**595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174**Current Mailing Address:**595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174**FEI Number:** 47-3735121**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWEET, JEFFREY C
595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174 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	SWEET, JEFFREY C
Address	595 W. GRANADA BLVD., SUITE A
City-State-Zip:	ORMOND BEACH FL 32174

Title	MGR
Name	GILLESPIE, MARK C
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MGR
Name	HATTEN, BRYAN R
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MGR
Name	GILLESPIE, ALBERT W
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MGR
Name	BRYAN, JAMES M
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MGR
Name	MARTIN, JEFFREY W
Address	1075 MASON AVE
City-State-Zip:	DAYTONA BEACH FL 32117

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: ALBERT W. GILLESPIE

MGR

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date