

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000022277

Entity Name: FLORIDA ORTHOPAEDIC TRAUMA SPECIALISTS, PLLC

Current Principal Place of Business:

7544 JACQUE ROAD
HUDSON, FL 34667

Current Mailing Address:

7544 JACQUE ROAD
HUDSON, FL 34667

FEI Number: 47-3039543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENNETT, CRAIG
7544 JACQUE ROAD
HUDSON, FL 34667 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	BENNETT, CRAIG
Address	4930 WEST BAY PLACE
City-State-Zip:	TAMPA FL 33629
Title	MGR
Name	KARDASHIAN, GEORGE
Address	1441 HILLSIDE LANDING DRIVE
City-State-Zip:	TARPON SPRINGS FL 34688

Title	MGR
Name	SALINSKY, JARED
Address	10436 PONTAFINO CIRCLE
City-State-Zip:	NEW PORT RICKEY FL 34655
Title	MANAGER
Name	RAPOSO, JUAN DR.
Address	7544 JACQUE ROAD
City-State-Zip:	HUDSON FL 34667

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: CRAIG BENNETT

MANAGER

01/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date