

2017 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 SALINSKY, JARED
Address 10436 PONTAFINO CIRCLE
City-State-Zip: NEW PORT RICKEY FL 34655

Title MGR
Name KARDASHIAN, GEORGE
Address 1441 HILLSIDE LANDING DRIVE
City-State-Zip: TARPON SPRINGS FL 34688

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

PRESIDENT

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date