

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000052914

Entity Name: SOUTHEAST ORTHOPEDIC SPECIALISTS, LLC

Current Principal Place of Business:

6800 SOUTHPOINT PKWY
SUITE 300
JACKSONVILLE, FL 32216

Current Mailing Address:

6800 SOUTHPOINT PKWY
SUITE 300
JACKSONVILLE, FL 32216 US

FEI Number: 59-3696338

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMINE, DONNIE
6800 SOUTHPOINT PKWY
SUITE 300
JACKSONVILLE, FL 32216 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 MANAGER
Name BATES, AARON M. M.D.
Address 6800 SOUTHPOINT PKWY
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name HURFORD, ROBERT K. PH.D.
Address 6800 SOUTHPOINT PKWY
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT, MANAGER
Name DUFFY , GAVAN P. M.D.
Address 6800 SOUTHPOINT PKWY
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name DESHMUKH, RAHUL M.D.
Address 6800 SOUTHPOINT PKWY
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name VAN RENSBURG, SHAUN JANSE D.O.
Address 6800 SOUTHPOINT PKWY
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32216

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: GAVAN P. DUFFY, M.D.

PRESIDENT

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date