

2001 UNIFORM BUSINESS REPORT (UBR)

0022416 AF

DOCUMENT # L00000008758

1. Entity Name
SARASOTA ORTHOPEDIC ASSOCIATES, LLC

FILED

01 APR 11 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1975 HAWTHORNE STREET
SARASOTA FL 34239

Mailing Address

1975 HAWTHORNE STREET
SARASOTA FL 34239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1025457

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBREN, DON B
101 E. KENNEDY BLVD., SUITE 2700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004036142--8
-04/20/01--01097--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRES. DAVID A. SUGAR, M.D. 1975 HAWTHORNE ST. SARASOTA, FL 34239	
VPRES DONALD J. SLEVIN, M.D. 1975 HAWTHORNE ST. SARASOTA, FL 34239	
TREA. W. K. FURMAN, M.D. 1975 HAWTHORNE ST. SARASOTA, FL 34239	
Sec. HAROLD W. VOGLER, P.P.M. 1975 HAWTHORNE ST. SARASOTA, FL 34239	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Donald J. Slevin
DONALD J. SLEVIN

4/9/01

941-951-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/11/00)