

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008758

FILED
Apr 22, 2004
Secretary of State

Entity Name: SARASOTA ORTHOPEDIC ASSOCIATES, LLC

Current Principal Place of Business:

2750 BAHIA VISTA STREET
SUITE 100
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2750 BAHIA VISTA STREET
SUITE 100
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-1025457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEVINE, STUART J
1515 RINGLING BLVD
SUITE 900
SARASOTA, FL 34236 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: STUART J. LEVINE

04/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: SUGAR, DAVID A MD
Address: 1975 HAWTHORNE ST
City-St-Zip: SARASOTA, FL 34239

Title: V () Delete
Name: SLEVIN, DONALD J MD
Address: 1975 HAWTHORNE ST
City-St-Zip: SARASOTA, FL 34239

Title: T () Delete
Name: FURMAN, W.K. MD
Address: 1975 HAWTHORNE ST
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: VOGLER, HAROLD W DPM
Address: 1975 HAWTHORNE ST
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUGAR, DAVID A MD
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGR (X) Change () Addition
Name: SLEVIN, DONALD J MD
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGR (X) Change () Addition
Name: FURMAN, W.K. MD
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGR (X) Change () Addition
Name: VOGLER, HAROLD W DPM
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: DAVID A SUGAR MD

MGR

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date