

L D D O D D O D D O D 8 7 5 8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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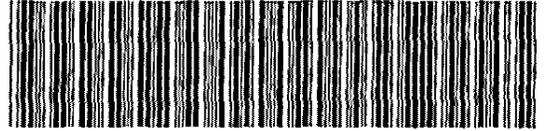
(Business Entity Name)

(Document Number)

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WALTERS  
LEVINE  
BROWN  
KLINGENSMITH  
& THOMISON P.A.  
ATTORNEYS AT LAW  
SARASOTA • TAMPA

STUART JAY LEVINE  
slevine@walterslevine.com  
www.walterslevine.com

April 23, 2004

1515 RINGLING BLVD.  
SUITE 900  
SARASOTA, FL 34238  
(941) 364-6787  
(941) 361-3023 FAX

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Sarasota Orthopedic Associates, LLC

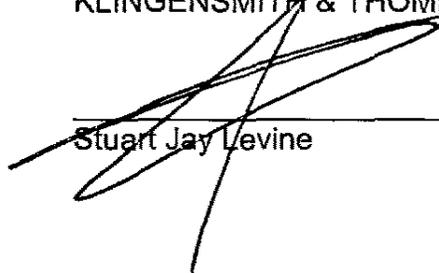
To Whom It May Concern:

Please find enclosed herewith a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. Also enclosed is my firm's check no. 4302 in the amount of \$25.00 which represents the filing fee for same. Please file the Statement of Change at your earliest opportunity.

If you should have any questions with regard to the enclosed, please do not hesitate to contact me.

Very truly yours,

WALTERS, LEVINE, BROWN,  
KLINGENSMITH & THOMISON, P.A.

  
\_\_\_\_\_  
Stuart Jay Levine

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SJL/ric-m  
enclosures

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: SARASOTA ORTHOPEDIC ASSOCIATES, LLC
2. The mailing address of the limited liability company is : 2750 BAHIA VISTA STREET,  
SUITE 100, SARASOTA, FL 34239

07/24/2000

L00000008758

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DON B. WEINBREN

Name

101 E. KENNEDY BLV., SUITE 2700

Address

TAMPA, FL 33602

City, State and Zip

6. The name and address of the new registered agent and/or office:

STUART JAY LEVINE

Name

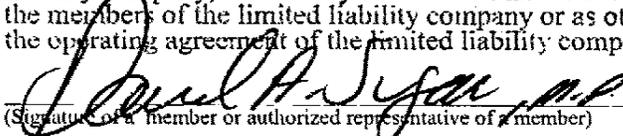
1515 RINGLING BLVD., SUITE 900

Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34236

City, State and Zip

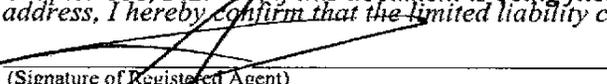
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

DAVID A. SUGAR, M.D.

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

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