

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008758

FILED
Apr 28, 2005
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:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/28/2005

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