

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 AM 9:32

DOCUMENT # L00000008758 1. Entity Name SARASOTA ORTHOPEDIC ASSOCIATES, LLC					
Principal Place of Business 2750 BAHIA VISTA STREET SUITE 100 SARASOTA, FL 34239			Mailing Address 2750 BAHIA VISTA STREET SUITE 100 SARASOTA, FL 34239		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06032005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 65-1025457	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINE, STUART J 1515 RINGLING BLVD SUITE 900 SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) <i>701 Bayshore Boulevard</i> <i>Suite 720</i> City <i>Tampa</i> FL Zip Code <i>33606</i>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUGAR, DAVID A MD	NAME			
STREET ADDRESS	2750 BAHIA VISTA STREET, SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLEVIN, DONALD J MD	NAME			
STREET ADDRESS	2750 BAHIA VISTA STREET, SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FURMAN, W.K. MD	NAME			
STREET ADDRESS	2750 BAHIA VISTA STREET, SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOGLER, HAROLD W DPM	NAME			
STREET ADDRESS	2750 BAHIA VISTA STREET, SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>David A. Sugar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<i>DAVID A. SUGAR</i> <small>DATE</small>		<i>06/09/05 941-957-2663</i> <small>Daytime Phone #</small>	