

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008758

FILED  
Mar 30, 2006  
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  
601 BAYSHORE BOULEVARD  
SUITE 720  
TAMPA, FL 33606 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/MANAGERS:**

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 Chapter 119, 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: DONALD SLEVIN, MD

MGR

03/30/2006

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