

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008758

FILED
Mar 30, 2010
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:

FLEECE, JONATHAN D
BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 342057734 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
Name: SLEVIN, DONALD J MD
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

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

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

I hereby 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 03/30/2010

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