

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008758

FILED
Mar 05, 2012
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:

FLEECE, JONATHAN D
BLALOCK WALTERS ATTORNEYS AT LAW
802 11TH STREET WEST
BRADENTON, FL 342057734 US

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

03/05/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GORDON, MICHAEL 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: CONNOLLY, BRENDON MD
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: WK FURMAN

MGR

03/05/2012

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