

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90100 031 ****50.00

0041730

DOCUMENT # L00000008758

1. Entity Name

SARASOTA ORTHOPEDIC ASSOCIATES, LLC



Principal Place of Business

**1975 HAWTHORNE STREET
SARASOTA FL 34239**

Mailing Address

**1975 HAWTHORNE STREET
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1025457**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINBREN, DON B
101 E. KENNEDY BLVD., SUITE 2700
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SUGAR, DAVID A MD | |
| STREET ADDRESS | 1975 HAWTHORNE ST | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SLEVIN, DONALD J MD | |
| STREET ADDRESS | 1975 HAWTHORNE ST | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FURMAN, W.K. MD | |
| STREET ADDRESS | 1975 HAWTHORNE ST | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VOGLER, HAROLD W DPM | |
| STREET ADDRESS | 1975 HAWTHORNE ST | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| 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: *David A. Sugar, MD* **David A. Sugar, MD** 4/23/03 941 951-2063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)