

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015922

1. Entity Name
THE CLEARWATER ORTHOPAEDIC ASC, LLC



Principal Place of Business
2246 DREW STREET
CLEARWATER, FL 34625

Mailing Address
2246 DREW STREET
CLEARWATER, FL 34625

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1011433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955936
07/22/08-80014-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STOCKARD, JEFFREY
STREET ADDRESS	5217 MARYLAND WAY STE 200
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MGR
NAME	ABDEL HANNA, ASHRAF FOUAD MD
STREET ADDRESS	2250 DREW ST
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	MGR
NAME	TORRES-RAMOS, FRANCISCO M
STREET ADDRESS	2250 DREW ST
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	MGR
NAME	BURNS, SUSAN
STREET ADDRESS	5217 MARYLAND WAY STE 200
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/17/08

Date

615 377-5353

Daytime Phone #