

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027307

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED ORTHOPEDIC SURGERY OF CELEBRATION, LLC

**Current Principal Place of Business:**

250 3RD STREET NW  
SUITE 201  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490  
EAGLE LAKE, FL 33839

**New Mailing Address:**

**FEI Number:** 20-0116087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ERIC K ALLEN  
2800 WINTER LAKE ROAD  
LAKELAND, FL 33803 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:** PADGETT, LARRY R JR.  
**Address:** 218 MCLEAN POINT W  
**City-St-Zip:** WINTER HAVEN, FL 33884

**Title:** MGR  
**Name:** PADGETT, EVELYN  
**Address:** 218 MCLEAN POINT W  
**City-St-Zip:** WINTER HAVEN, FL 33884

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:** EVELYN PADGETT

MGR

03/21/2012

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