2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # L05000097181 1. Entity Name SCHOFIELD, HAND, AND BRIGHT ORTHOPAEDICS, PLLC					03-01-2006 90222 008 ****50.00			
Principal Plac	ce of Business	Mailing Address		•				
4937 CLARK Sarasota, 1	-	4937 CLARK ROAD Sarasota, FL 34233		•		. 3		
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2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02032006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State			4. FEI Numl	oer 3582714		lied For Applicable
Zip	Country	Zip	Coun	itry		e of Status Desired	S5.00 Addit	tional
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Re	gistered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4				Name Street Address (P.O. Box Number is Not Acceptable)				
WESTON,	+							
				City			FL Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Flor	ida. I am familiar with, a	nd accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd titte if englicable (NOTE	Registere	d Agent signature require	t when reinstation)		DATE	
	agratine, types or period havin or registeres egonic	THE USE II ADDRESS. (NOTE	ricgiatoro	o rigori signicio e roccare	y whom to take ay	<u> </u>	ONIE 1	
Fi 1 + · · D	iling Fee is \$50:00 (1994) ue by May 1, 2006	Market and the second s	. <u>.</u>	22 27 2 002	· · · · · · · · · · · · · · · · · · ·		check payable to Department of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.	<u></u>		ADDITIONS/0	CHANGES	
TITLE	MGRM	☐ Delete	TITL	F I		ADDITIONO	☐ Change	Addition
NAME	BRIGHT, ADAM S M.D.	_ 000.00	NAM	1			—	
STREET ADDRESS CITY+ST-ZIP	4937 CLARK ROAD			ET ADDRESS -ST-ZIP				
TITLE	SARASOTA, FL 34233 MGRM	☐ Delete	TITLE			-	☐ Change	☐ Addition
NAME	HAND, JOHN D M.D.	Li Delete	NAM				Change	Addition
STREET ADDRESS	4937 CLARK ROAD		STRE	ET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34233		ĊITY	-ST-ZIP				
TITLE	MGRM	☐ Delete	TITLE				Change	Addition
name Street address	SCHOFIELD, BRIAN A M.D. 4937 CLARK ROAD		NAM	E Et adoress				
CITY-ST-ZIP	SARASOTA, FL-34233			-ST-ZIP	-		<u></u>	•
TITLE	<u> </u>	☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition
NAME		•	NAM	E				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZiP				
TITLE			CITT	-31-21			Change.	Addition
		☐ 6-1	TITLE	.				Addition
NAME	,	☐ Delete	Title Nam				☐ Change	
NAME STREET ADDRESS		☐ Delete	NAM				Li change	
NAME			NAM STRE	Ε				
NAME STREET ADDRESS		☐ Delete	NAM STRE	E EET ADDRESS -ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREE CITY TITLE NAME STREE	E EET ADDRESS -ST-ZIP E E EET ADDRESS				Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information expolled with	☐ Delete	NAME STRE CITY TITLE NAME STRE CITY	E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP	in Chanter 119) Florida Statutos 1 fu	☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustes	☐ Delete	NAME STRE CITY TITLE NAME STRE CITY	E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP	in Chapter 119 nede under oat ter 608. Florida	r, Florida Statutes. I fur h; that I am a managi Statutes.	☐ Change	