


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90120 004 ***138.75

DOCUMENT # L05000097181 1. Entity Name SCHOFIELD, HAND, AND BRIGHT ORTHOPAEDICS, PLLC	
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Principal Place of Business 2800 S TAMiami TR SARASOTA, FL 34239	Mailing Address 2800 S TAMiami TR SARASOTA, FL 34239
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01142008 Chg-LLC CR2E083 (12/06)



4. FEI Number 20-3582714	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HAND, JOHN 2822 PROCTOR ROAD, STE. A SARASOTA, FL 34231	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIGHT, ADAM S M.D. 4937 CLARK ROAD SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAND, JOHN D M.D. 4937 CLARK ROAD SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOFIELD, BRIAN A M.D. 4937 CLARK ROAD SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE	1-18-2008 941-921-2600 Date Daytime Phone #
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