

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097181

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** SCHOFIELD, HAND, AND BRIGHT ORTHOPAEDICS, PLLC

**Current Principal Place of Business:**

2800 S TAMIAMI TR  
SARASOTA, FL 34239

**New Principal Place of Business:**

1950 ARLINGTON ST.  
111  
SARASOTA, FL 34239

**Current Mailing Address:**

2800 S TAMIAMI TR  
SARASOTA, FL 34239

**New Mailing Address:**

1950 ARLINGTON ST  
111  
SARASOTA, FL 34239

**FEI Number:** 20-3582714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAND, JOHN  
2822 PROCTOR ROAD, STE. A  
SARASOTA, FL 34231 US

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

HAND, JOHN  
2822 PROCTOR ROAD, STE. B  
SARASOTA, FL 34231 US

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: JOHN D. HAND

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRIGHT, ADAM S M.D.  
Address: 1950 ARLINGTON ST., SUITE 111  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM  
Name: HAND, JOHN D M.D.  
Address: 1950 ARLINGTON ST, SUITE 111  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM  
Name: SCHOFIELD, BRIAN A M.D.  
Address: 1950 ARLINGTON ST, SUITE 111  
City-St-Zip: SARASOTA, FL 34239

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: JOHN D HAND, MD

MGRM

01/05/2010

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