

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097181

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

1950 ARLINGTON ST.
111
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1950 ARLINGTON ST.
111
SARASOTA, FL 34239

New Mailing Address:

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. B
SARASOTA, FL 34231 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: 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

MGRM

01/05/2012

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