

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000929

FILED
Mar 13, 2009
Secretary of State

Entity Name: ORTHOPAEDIC CENTER OF SOUTHWEST FLORIDA, PLLC

Current Principal Place of Business:

C/O JOHN A. MORAN, ESQ.
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236

New Principal Place of Business:

8374 MARKET STREET
SUITE 437
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

C/O JOHN A. MORAN, ESQ.
P.O. BOX 3948
SARASOTA, FL 342303948

New Mailing Address:

13663 LEGENDS WALK TERRACE
BRADENTON, FL 34202

FEI Number: 20-4098938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, JOHN A
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SFORZO, CHRIS
13663 LEGENDS WALK TERRACE
BRADENTON, FL 34202 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: CHRIS R. SFORZO

03/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SFORZO, CHRIS R
Address: 13663 LEGENDS WALK TERRACE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRIS R. SFORZO

MGR

03/13/2009

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