

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000929

FILED
Apr 22, 2011
Secretary of State

Entity Name: ORTHOPAEDIC CENTER OF SOUTHWEST FLORIDA, PLLC

Current Principal Place of Business:

5831 BEE RIDGE ROAD
SUITE 200
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

13663 LEGENDS WALK TERRACE
LAKEWOOD RANCH, FL 34202

New Mailing Address:

FEI Number: 20-4098938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SFORZO, CHRIS
13663 LEGENDS WALK TERRACE
LAKEWOOD RANCH, FL 34202 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: MGR
Name: SFORZO, CHRIS R
Address: 13663 LEGENDS WALK TERRACE
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: CHRIS SFORZO

MGR

04/22/2011

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