

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079261

FILED
Apr 23, 2009
Secretary of State

Entity Name: MID-FLORIDA ORTHOPAEDIC PHYSICIAN SERVICES, L.L.C.

Current Principal Place of Business:

200 AVENUE "F" NORTHEAST
WINTER HAVEN, FL 33881

New Principal Place of Business:

200 AVENUE
WINTER HAVEN, FL 33881

Current Mailing Address:

200 AVENUE "F" NORTHEAST
WINTER HAVEN, FL 33881

New Mailing Address:

200 AVENUE
WINTER HAVEN, FL 33881

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANASTASIO, LANCE W
200 AVENUE "F" NORTHEAST
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

ANASTASIO, LANCE W
200 AVENUE
WINTER HAVEN, FL 33881 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: _____

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: ANASTASIO, LANCE W
Address: 200 AVE F NORTHEAST
City-St-Zip: WINTER HAVEN, FL 33881

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: CARRIE L. GRINER

SEC

04/23/2009

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