

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010530

FILED
May 01, 2012
Secretary of State

Entity Name: FLORIDA ORTHOPAEDIC SPECIALTY ASSOCIATES, LLC

Current Principal Place of Business:

6325 U.S. HWY. 27 N.
SUITE 201
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

6325 U.S. HWY. 27 N.
SUITE 201
SEBRING, FL 33870

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BLVD.
SUITE 1100 (JAF)
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SONNI, ASHOK MD
6325 HIGHWAY 27 NORTH
SUITE 201
SEBRING, FL 33870 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: ASHOK SONNI

05/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SONNI, ASHOK M.D.
Address: 6325 U.S. HWY. 27 N., SUITE 201
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: PATTERSON, STUART M.D.
Address: 6325 U.S. HWY. 27 N., SUITE 201
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: REDDY, PONNAVOLU M.D.
Address: 6325 U.S. HWY. 27 N., SUITE 201
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: FISHER, MAURY M.D.
Address: 6325 U.S. HWY. 27 N., SUITE 201
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: ALVAREZ, J C M.D.
Address: 6325 U.S. HWY. 27 N., SUITE 201
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: BEISSINGER, STEPHEN M.D.
Address: 6325 U.S. HWY 27 N., SUITE 201
City-St-Zip: SEBRING, FL 33870

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: ASHOK SONNI MD

MGR

05/01/2012

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