

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90081 003 ***138.75

DOCUMENT # L98000003205

1. Entity Name

ORTHOPAEDIC SURGERY CENTER, L.L.C.



Principal Place of Business

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607

Mailing Address

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607



04252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3549374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BLAKE, W. PRESTON M.D.
STREET ADDRESS 4500 W NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME ROCCA, ANDREW F
STREET ADDRESS 4500 W NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME JAFFE, EDWARD M M.D.
STREET ADDRESS 4500 W NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME KENNEDY, KIPP W M.D.
STREET ADDRESS 4500 W NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME LANE, TIMOTHY M.D.
STREET ADDRESS 4500 W NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM
NAME PARR, PHILLIP L M.D.
STREET ADDRESS 4500 W NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/08

Date

352-367-2301

Daytime Phone #

Attachment to 2008 Limited Liability Company Uniform Business Report (UBR)

Entity Name: Orthopaedic Surgery Center, L.L.C. (Document #: L98000003205)

ATTACHMENT

In addition to the Managing Members / Managers listed in Box 9, listed below are the names of all other Managing Members and Managers:

Title MGRM
Name Slattery, James B.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Petty, Mark A.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Kabeer, Adil
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Sharkey, Arthur M.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Maxey, Amanda G.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Powell, Rodger D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Stevenson, John C.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Waters, J. Stephen
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGRM
Name Ellis, Frank D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607
Title MGR - CEO

Title MGRM
Name Trimble, Troy D.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607
Title MGR - CEO

Title MGRM
Name Rosenberg, Jason J.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGR - CEO
Name Brill, Eric J.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

Title MGR - CFO
Name Anderson, Michael A.
Street Address 4500 Newberry Road
City-St-Zip Gainesville, FL 32607

600 41698