

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005614

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** TALLAHASSEE ORTHOPEDIC CLINIC III, P.L.

**Current Principal Place of Business:**

3334 CAPITAL MEDICAL BLVD, SUITE 400  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

3334 CAPITAL MEDICAL BLVD, SUITE 400  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-3598056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TARDI, KELBY CPA  
3334 CAPITAL MEDICAL BLVD., SUITE 400  
TALLAHASSEE, FL 32308 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: MGRM ( ) Delete  
Name: THOMPSON, WILLIAM M.D.  
Address: 3334 CAPITAL MEDICAL BOULEVARD, SUITE 400  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: ALEXANDER, GREGG A M.D.  
Address: 3334 CAPITAL MEDICAL BOULEVARD, SUITE 400  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

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

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: WILLIAM THOMPSON MD

MGRM

01/30/2009

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