

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000007402**

**1. Entity Name**  
**KENNEDY-WHITE ORTHOPAEDIC PARTNERS, LLC**



**Principal Place of Business**  
**5741 BEE RIDGE RD**  
**280**  
**SARASOTA, FL 34233**

**Mailing Address**  
**5741 BEE RIDGE RD**  
**280**  
**SARASOTA, FL 34233**



01262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0962694**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**KENNEDY, WILLIAM R**  
**5741 BEE RIDGE RD**  
**#280**  
**SARASOTA, FL 34233**

**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 retreating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**KENNEDY, WILLIAM R**  
**5741 BEE RIDGE #280**  
**SARASOTA, FL 34233**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

000000454255  
03/15/06-80001-015 50.00

**DO NOT WRITE  
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**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

Date

Daytime Phone #

*R. P. White* **Ronald P White MD** **2/21/06** **941-365-0655**