LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00338

1. Entity Name
TALLAHASSEE ORTHOPEDIC CENTER LC
10/4/02

FILED
02 DEC -3 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3334 CAPITAL MEDICAL	
Suite, Apt. #, etc. BLVD STE 400	Suite, Apt. #, etc.
City & State TALLAHASSEE FL	City & State
Zip 32308 / Country	Zip / Country

4. FEI Number 59-3062109 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name HECHT, KELBY
Street Address (P.O. Box Number is Not Acceptable) 3334 CAPITAL MEDICAL BLVD STE 400
City TALLAHASSEE **FL** Zip Code 32308

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	HANEY, TOM C MD	NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD STE400	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	000009562430
STREET ADDRESS		STREET ADDRESS	12/17/02--01073--001 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	BK
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tom Haney MD — 12/2/02 — 850-877-8174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Z00338

(2)

TOC

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TALLAHASSEE, FLORIDA

3334 CAPITAL MEDICAL BOULEVARD, STE. 400
P.O. BOX 13100 • TALLAHASSEE, FL 32317-3100
(850) 877-8174 • FAX (850) 877-5636

December 2, 2002

Buck Kohr, Corporate Specialist
Department of State
Division of Corporations
PO Box 6327
Tallahassee Florida 32314

RE: Tallahassee Orthopedic Center LC, #Z00338
Letter #702A00062836

Dear Buck,

I recently received your letter referenced above regarding our submission of the 2002 UBR. I'm sorry, I didn't realize that you needed a letter, since we had an in depth discussion regarding this issue. We submitted our UBR on February 11, 2002 along with a check numbered 3056 in the amount of $50.00. Apparently you never received this, as the check has never cleared our bank account. You indicated in our phone call that we would not be responsible for the late filing penalty, since our past record showed that we submit or returns timely.

I am submitting a clean copy of the UBR form as well. I apologize for any inconvenience. Please contact me if you have any further questions at (850) 219-1916.

Sincerely,

Kelby Hecht Tardi

Kelby Hecht Tardi CPA
Tallahassee Orthopedic Center

BK