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

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

DO NOT WRITE IN THIS SPACE

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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: HEWITT, 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, TOMC MD	NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD STE 400	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	**DO NOT WRITE**
STREET ADDRESS		STREET ADDRESS	**IN THIS SPACE**
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: _____ 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)

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TALLAHASSEE, FLORIDA

ORTHOPEDIC SURGERY

Tom C. Haney, M.D.
KNEE SURGERY
SPORTS MEDICINE

Wm. D. Henderson, Jr., M.D.
KNEE SURGERY
SPORTS MEDICINE

Robert L. Thornberry, M.D.
HIP & KNEE SURGERY
SPORTS MEDICINE

Charles H. Wingo, M.D.
CERVICAL, THORACIC & LUMBAR SURGERY

Donald M. Dewey, M.D., C.P.O.
FOOT AND ANKLE SURGERY
PEDIATRIC ORTHOPEDICS

Steve E. Jordan, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Mark E. Fahey, M.D.
ORTHOPEDIC SURGERY

D. Christian Berg, M.D.
HAND AND UPPER EXTREMITIES

Garrison A. Rolle, M.D.
KNEE SURGERY
SPORTS MEDICINE

William H. Thompson, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Floyd R. Jaggears, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Andrew M. Wong, M.D.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

ORTHOPEDIC MEDICINE

Kris D. Stowers, M.D.
MUSCULOSKELETAL & SPORTS MEDICINE

Gregg A. Alexander, M.D.
MUSCULOSKELETAL MEDICINE
DISORDERS OF THE SPINE

NEUROLOGY

Billy C. Weinstein, M.D.
ADULT NEUROLOGY

Richard E. Blackburn, M.D.
ADULT NEUROLOGY

Stan J. Whitney, M.D.
ADULT NEUROLOGY

Deborah A. Whooley, M.H.A.
ADMINISTRATOR

TOC

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