

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016970

Entity Name: PEDIATRIC ORTHOPEDICS OF SOUTHWEST FLORIDA, PLLC

Current Principal Place of Business:

15821 HOLLYFERN CT
FT MYERS, FL 33908

Current Mailing Address:

15880 SUMMERLIN ROAD #300
PMB #322
FT MYERS, FL 33908

FEI Number: 04-3757244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KNOTT, GEORGE HESQ
KNOTT, EBELINI, HART PA
1625 HENDRY ST, STE 301
FT MYERS, FL 33901 US

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

Authorized Person(s) Detail :

Title SECRETARY
Name COLA, KRISTIN DR.
Address 15880 SUMMERLIN RD #300, PMB #322
City-State-Zip: FT MYERS FL 33908

Title PRESIDENT
Name SHANNON, FREDERICK B DR.
Address 15880 SUMMERLIN ROAD #300 PMB #322
City-State-Zip: FT MYERS FL 33908

Title VP
Name HARLOW, AMY J DR.
Address 15880 SUMMERLIN ROAD #300 PMB #322
City-State-Zip: FT MYERS FL 33908

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. FREDERICK BRETT SHANNON

PRESIDENT

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date