

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016970

**Entity Name:** PEDIATRIC ORTHOPEDICS OF SOUTHWEST FLORIDA, L.L.C.

**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, CONSOER, EBELINI, HART & SWETT, 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 MGRM  
Name F. BRETT SHANNON, DO  
Address 15880 SUMMERLIN RD #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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** F. BRETT SHANNON

**MANAGER**

**03/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date