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.

Electronic Signature of Signing Authorized Person(s) Detail

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SCHWARTZBERG, RANDY SM.D.	Name	REUSS, BRYAN LM.D.	
Address	25 W. CRYSTAL LAKE STREET, STE. 200	Address	25 W. CRYSTAL LAKE STREET, STE. 200	
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806	
Title	MGR	Title	MGR	
Name	WIERNIK, DANIEL LD.P.M.	Name	WEBER, STEVEN ED.O.	
Address	25 W. CRYSTAL LAKE STREET, STE. 200	Address	25 W. CRYSTAL LAKE STREET, STE. 200	
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806	
Title	MGR			
Name	CHRISTENSEN, ALAN WM.D.			
Address	25 W. CRYSTAL LAKE STREET, STE. 200			
City-State-Zip:	ORLANDO FL 32806			

JUPITER, FL 33458 US

SCROGGINS, H. STACY 1005 W. INDIANTOWN ROAD

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:

LLC

STE. 300

STE. 300

SUITE 101

Electronic Signature of Registered Agent

ORLANDO, FL 32806

Name and Address of Current Registered Agent:

45 W. CRYSTAL LAKE STREET

Current Mailing Address:

45 W. CRYSTAL LAKE STREET

ORLANDO, FL 32806

Current Principal Place of Business:

FEI Number: 26-4122762

DOCUMENT# L0900007539 Entity Name: ORLANDO ORTHOPAEDIC OUTPATIENT SURGERY CENTER,

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

01/09/2017 Date

FILED Jan 09, 2017 Secretary of State CC5715285510

MGR

Date