

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000049787

**Entity Name:** D. VOGLER ORTHOPEDICS, LLC

**Current Principal Place of Business:**

3125 W EL PRADO BLVD  
TAMPA, FL 33629

**Current Mailing Address:**

3125 W EL PRADO BLVD  
TAMPA, FL 33629

**FEI Number:** 47-3497819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

F & L CORP  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 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 MGR  
Name VOGLER, DAWN C  
Address 3125 W EL PRADO BLVD  
City-State-Zip: TAMPA FL 33629

*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:** DAWN VOGLER

**MANAGER**

**04/06/2017**

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

\_\_\_\_\_ Date