

2016 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

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date