

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000052914

**FILED**  
**Mar 22, 2024**  
**Secretary of State**  
**7713389026CC**

**Entity Name:** SOUTHEAST ORTHOPEDIC SPECIALISTS, LLC

**Current Principal Place of Business:**

6800 SOUTHPOINT PKWY  
SUITE 300  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6800 SOUTHPOINT PKWY  
SUITE 300  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-3696338

**Certificate of Status Desired:** No

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

ROMINE, DONNIE  
6800 SOUTHPOINT PKWY  
SUITE 300  
JACKSONVILLE, FL 32216 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: MANAGER  
Name: BATES, AARON M. M.D.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title: MANAGER  
Name: HURFORD, ROBERT K. PH.D.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title: PRESIDENT, MANAGER  
Name: DUFFY, GAVAN P. M.D.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title: MANAGER  
Name: DESHMUKH, RAHUL M.D.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title: MANAGER  
Name: VAN RENSBURG, SHAUN JANSE D.O.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title: MANAGER  
Name: PUCKETT, BRETT C. M.D.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title: MANAGER  
Name: ACEVEDO, JORGE I. M.D.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title: MANAGER  
Name: GOLL, CHRISTOPHER R. M.D.  
Address: 6800 SOUTHPOINT PKWY SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

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*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:** GAVAN P. DUFFY, M.D.

**PRESIDENT**

**03/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MANAGER  
Name ARNDT, STEPHEN M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name MURPHY, KEVIN M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name LAMPLEY, ALEXANDER  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name BALDUYEU, PAVEL M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name HAKIM, FARID M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name ROETTGES, PAUL M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name BURNETTE, JEFFREY M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name GALAN, GABRIEL P. D.P.M.  
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SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name JONES, PATRICK M.D.  
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Title MANAGER  
Name COLLIER, FRANK M.D.  
Address 6800 SOUTHPOINT PKWY  
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City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name REDMOND, JOHN M.D.  
Address 6800 SOUTHPOINT PKWY  
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City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name HORT, KURTIS M.D.  
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Title MANAGER  
Name LINCOLN, MAXIMILLIAN M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name SWANSON, CHRISTOPHER M.D.  
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City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name KASRAEIAN, SINA M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name ROBINSON, MICHAEL M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER  
Name GOODING, ISAAC A. M.D.  
Address 6800 SOUTHPOINT PKWY  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216