

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000052914

**FILED**  
**Mar 24, 2021**  
**Secretary of State**  
**0370770283CC**

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

**Current Principal Place of Business:**

6500 BOWDEN ROAD SUITE 103  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6500 BOWDEN ROAD SUITE 103  
JACKSONVILLE, FL 32216 US

**FEI Number: 59-3696338**

**Certificate of Status Desired: No**

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

ROMINE, DONNIE  
6500 BOWDEN ROAD SUITE 103  
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 MGR  
Name PUCKETT, BRETT C M.D.  
Address 6500 BOWDEN ROAD SUITE 103  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name ACEVEDO, JORGE I M.D.  
Address 6500 BOWDEN ROAD SUITE 103  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name BATES, AARON M M.D.  
Address 6500 BOWDEN ROAD SUITE 103  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name GOLL, CHRISTOPHER R M.D.  
Address 6500 BOWDEN ROAD SUITE 103  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name HURFORD, ROBERT K PH.D.  
Address 6500 BOWDEN ROAD SUITE 103  
City-State-Zip: JACKSONVILLE FL 32216

Title P  
Name PUCKETT, BRETT C  
Address 6500 BOWDEN ROAD SUITE 103  
City-State-Zip: JACKSONVILLE FL 32216

*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: BRETT C. PUCKETT, MD**

**PRESIDENT**

**03/24/2021**

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

\_\_\_\_\_  
Date