

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000052914

Entity Name: SOUTHEAST ORTHOPEDIC SPECIALISTS, LLC

Current Principal Place of Business:

6800 SOUTHPOINT PKWY
STE 300
JACKSONVILLE, FL 32216

FILED
May 01, 2023
Secretary of State
0049180406CC

Current Mailing Address:

6800 SOUTHPOINT PKWY
STE 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 PARKWAY
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 MGR
Name PUCKETT, BRETT C M.D.
Address 6800 SOUTHPOINT PKWY, STE 300
City-State-Zip: JACKSONVILLE FL 32216

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

Title MGR
Name BATES, AARON M M.D.
Address 6800 SOUTHPOINT PKWY, STE 300
City-State-Zip: JACKSONVILLE FL 32216

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

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

Title P
Name DUFFY , GAVAN P MD
Address 6800 SOUTHPOINT PKWY., STE 300
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name COLLIER, FRANK MD
Address 6800 SOUTHPOINT PKWY
STE 300
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name ARNDT, STEPHEN MD
Address 6800 SOUTHPOINT PKWY
STE 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 DUFFY

PRESIDENT

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name DESHMUKH, RAHUL MD
Address 6800 SOUTHPOINT PKWY
STE 300
City-State-Zip: JACKSONVILLE FL 32216

Title MANAGER
Name MURPHY, KEVIN M.D.
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Title MANAGER
Name REDMOND, JOHN M.D.
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Title MANAGER
Name VAN RENSBURG, SHAUN JANSE D.O.
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Title MANAGER
Name LAMPLEY, ALEXANDER
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Title MANAGER
Name HORT, KURTIS M.D.
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Title MANAGER
Name BALDUYEU, PAVEL M.D.
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Title MANAGER
Name LINCOLN, MAXIMILLIAN MD
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Name HAKIM, FARID M.D.
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Name SWANSON, CHRISTOPHER M.D.
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Name ROETTGES, PAUL M.D.
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Title MANAGER
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