2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2022
Secretary of State
0126512488CC

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Entity Name: SOUTHEAST ORTHOPEDIC SPECIALISTS, LLC

Current Principal Place of Business:

6800 SOUTHPOINT PKWY
STE 300
JACKSONVILLE, FL 32216

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

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, MD PRESIDENT 02/16/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date