2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2016
Secretary of State
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Entity Name: TALLAHASSEE ORTHOPEDIC CENTER, L.C.

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD., SUITE 400
TALLAHASSEE, FL 32308

Current Mailing Address:

3334 CAPITAL MEDICAL BLVD., SUITE 400
TALLAHASSEE, FL 32308

FEI Number: 59-3062109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TARDI, KELBY HCPA
2110 CENTERVILLE ROAD
SUITE A
TALLAHASSEE, FL 32308 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	MANAGING MEMBER	Title	MANAGING MEMBER ELECT
Name	ROLLE, GARRISON A DR.	Name	HUTCHINSON, HANK DR.
Address	3334 CAPITAL MEDICAL BLVD., SUITE 400	Address	3334 CAPITAL MEDICAL BLVD SUITE 400
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308

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: GARRISON ROLLE MANAGING MEMBER 01/23/2016

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