LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State
07-17-2002 90139 044 ****50.00

DOCUMENT # L00000015341

1. Entity Name

ORTHO-PAEDIATRIC TECHNOLOGIES LLC

DO NOT WRITE IN THIS SPACE

[redacted]

41114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3527 BELLINGTON	3527 BELLINGTON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32835 Country: USA	Zip: 32835 Country: USA

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM P WEATHERFORD

Street Address (P.O. Box Number Is Not Acceptable): 1031 WEST MORSE, SUITE 105

City: WINTER PARK FL Zip Code: 32789

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JONATHAN H PHILLIPS 3527 BELLINGTON ORLANDO FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JENNIFER L PHILLIPS 3527 BELLINGTON ORLANDO FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING PARTNER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ 6/28/02 4074687625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #