

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001534

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** ORTHO-PAEDIATRIC TECHNOLOGIES, L.L.C.

**Current Principal Place of Business:**

3527 BELLINGTON DRIVE  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

3527 BELLINGTON DRIVE  
ORLANDO, FL 32835

**New Mailing Address:**

FEI Number: 59-3621945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEATHERFORD, WILLIAM P JR.  
1150 LOUISIANA AVE  
WINTER PARK, FL 32789 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PHILLIPS, JENNIFER L  
Address: 3527 BELLINGTON DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: MGR ( ) Delete  
Name: PHILLIPS, JONATHAN H  
Address: 3527 BELLINGTON  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: J H PHILLIPS

MGR

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date