

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000690

FILED
May 01, 2009
Secretary of State

Entity Name: ORTHOPEDIC INVESTMENTS, LLC

Current Principal Place of Business:

2750 BAHIA VISTA STREET
SUITE 100
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2750 BAHIA VISTA STREET
SUITE 100
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 01-0588955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, ALAN F
1602 W. SLIGH AVE
TAMPA, FL 33604 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: SUGAR, DAVID A M.D.
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: SLEVIN, DONALD J M.D.
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: FURMAN, W. KIM M.D.
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: VOGLER, HAROLD W
Address: 2750 BAHIA VISTA STREET, SUITE 100
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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

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

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: DAVID SUGAR

MGR

05/01/2009

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