

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127447

FILED
Apr 27, 2010
Secretary of State

Entity Name: ADVANCED ORTHOPEDICS & PAIN MANAGEMENT, P.L.

Current Principal Place of Business:

2401 FIRST BLVD.
SUITE 7
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2401 FIRST BLVD.
SUITE 7
FT PIERCE, FL 34950

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN, SCOTT S
2401 FIRST BLVD - STE 7
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

KATZMAN, SCOTT
2401 FIRST BLVD - STE 7
FT PIERCE, FL 34950 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: SCOTT KATZMAN

04/27/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KATZMAN, SCOTT M.D.
Address: 2401 FIRST BLVD - STE 7
City-St-Zip: FT PIERCE, FL 34950

I hereby 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: SCOTT KATZMAN M.D.

MGR

04/27/2010

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