2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# L07000127447

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
2401 FIRST BLVD - STE 7
FT PIERCE, FL 34950 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
Name: LHT,LLC
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 Statues.

SIGNATURE: SCOTT KATZMAN MGR 04/20/2011

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