

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062455

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** SPECIALTY ORTHOPEDIC CENTER, L.L.C.

**Current Principal Place of Business:**

101 PLAZA REAL SOUTH  
#926  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 PLAZA REAL SOUTH  
#926  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 26-2879697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAHAI, ASHISH  
101 PLAZA REAL SOUTH  
#926  
BOCA RATON, FL 33432 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: MGRM  
Name: SAHAI, ASHISH  
Address: 101 PLAZA REAL SOUTH, #926  
City-St-Zip: BOCA RATON, FL 33432 US

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: ASHISH SAHAI

D

03/10/2010

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