

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062455

**FILED**  
**Apr 29, 2011**  
**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:**

9325 GLADES ROAD  
205  
BOCA RATON, FL 33434 US

**Current Mailing Address:**

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

**New Mailing Address:**

9325 GLADES ROAD  
205  
BOCA RATON, FL 33434 US

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:**

SAHAI, ASHISH  
9325 GLADES ROAD  
205  
BOCA RATON, FL 33434 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: ASHISH SAHAI

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAHAI, ASHISH  
Address: 9325 GLADES ROAD, SUITE 205  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM  
Name: GUPTA, MANISH  
Address: 9325 GLADES ROAD, SUITE 205  
City-St-Zip: BOCA RATON, FL 33434

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

MGRM

04/29/2011

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