

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101393

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SPECIALTY ORTHO, LLC

**Current Principal Place of Business:**

6401 CONGRESS AVE.  
SUITE 120  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

6401 CONGRESS AVE.  
SUITE 120  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 27-1188860      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INNOVATIVE HEALTHCARE BUS. SOLUTIONS LLC  
6401 CONGRESS AVE.  
SUITE 120  
BOCA RATON, FL 33487 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:** ORTHO FLORIDA, LLC  
**Address:** 6401 CONGRESS AVE., SUITE 120  
**City-St-Zip:** BOCA RATON, FL 33487 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: JASON TOCCI      MGMR      01/05/2012

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