~~2000~~ UNIFORM BUSINESS RE[redacted]RT (UBR)

DOCUMENT # ~~L99000007005~~

1. Entity Name
R & Z ORTHOPAEDIC MANAGEMENT, L.L.C.

FILED
00 MAR 24 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/9 LR

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2340 S. TROPICAL TRAIL MERRITT ISLAND FL 32952	2340 S. TROPICAL TRAIL MERRITT ISLAND FL 32952-4103

2. Principal Place of Business	3. Mailing Address
1260 SOUTH US 1	1260 SOUTH US 1
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: ROCKLEDGE, FL	City & State: ROCKLEDGE, FL
Zip: 32955 Country: USA	Zip: 32955 Country: USA

4. FEI Number 59-3606169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLACE, JAMES H
C/O FALLACE & ASSOCIATES, P.A.
~~1900 S. HICKORY STREET~~
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		☐ Delete
TITLE	DIRECTOR/MGRM	☐ Delete
NAME	LAWRENCE G. ROBINSON	
STREET ADDRESS	1260 S. US 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	DIRECTOR/MGRM	☐ Delete
NAME	BRIAN S. ZIEGLER	
STREET ADDRESS	1260 S. US 1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	200003196032--9	
STREET ADDRESS	-04/05/00--01004--012	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE REQUIRED 2-8-00 321-639-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #