

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90012 037 ****50.00

DOCUMENT # L99000007005	
1. Entity Name R & Z ORTHOPAEDIC MANAGEMENT, L.L.C.	

Principal Place of Business 1260 SOUTH U.S.1 ROCKLEDGE, FL 32955	Mailing Address 1260 SOUTH U.S.1 ROCKLEDGE, FL 32955
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2. Principal Place of Business 830 EXECUTIVE LANE	3. Mailing Address 830 EXECUTIVE LANE
Suite, Apt. #, etc. 120	Suite, Apt. #, etc. 120

City & State ROCKLEDGE, FL	City & State ROCKLEDGE, FL
Zip 32955	Zip 32955
Country USA	Country USA



07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3606169	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FALLACE, JAMES H C/O FALLACE & ASSOCIATES, P.A. 1900 S. HICKORY STREET MELBOURNE, FL 32901	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, LAWRENCE G 1260 SOUTH U.S.1 ROCKLEDGE, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 830 EXECUTIVE LANE, SUITE 120 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIEGLER, BRIAN S 1260 SOUTH U.S.1 ROCKLEDGE, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 830 EXECUTIVE LANE, SUITE 120 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-604