

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101393

Entity Name: SPECIALTY ORTHO, LLC

Current Principal Place of Business:

6401 CONGRESS AVE.
SUITE 120
BOCA RATON, FL 33487

Current Mailing Address:

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

FEI Number: 27-1188860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INNOVATIVE HEALTHCARE BUS. SOLUTIONS LLC
6401 CONGRESS AVE.
SUITE 120
BOCA RATON, FL 33487 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ORTHO FLORIDA, LLC
Address 6401 CONGRESS AVE., SUITE 120
City-State-Zip: BOCA RATON FL 33487

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANISH GUPTA

MBR

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date