

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000073881

**Entity Name:** ORTHOPAEDIX, LLC

**Current Principal Place of Business:**

600 NE 21ST AVE  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

600 NE 21ST AVE  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 46-4113462

**Certificate of Status Desired:** Yes

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

MARTINEZ, JAIME E  
600 NE 21ST AVE  
DEERFIELD BEACH, FL 33441 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 MARTINEZ, JAMES H  
Address 2450 YAGGER BAY DRIVE  
City-State-Zip: HILLIARD OH 43026

Title MGRM  
Name RODRIGUEZ, BETTY J  
Address 2378 APPLE RIDGE CIRCLE  
City-State-Zip: WALL NJ 08736

Title MGRM  
Name MARTINEZ, JAIME E  
Address 600 NE 21ST AVE  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** JAIME E. MARTINEZ

**REGISTERED AGENT**

**01/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date