

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000001534

FILED
Feb 04, 2003
Secretary of State

Entity Name: ORTHO-PAEDIATRIC TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

3527 BELLINGTON DRIVE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

3527 BELLINGTON DRIVE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3621945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR.
1031 W. MORSE BLVD., SUITE 105
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVE
WINTER PARK, FL 32789 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:

02/04/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: PHILLIPS, JENNIFER L
Address: 3527 BELLINGTON DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: MGRP () Delete
Name: PHILLIPS, JONATHAN K
Address: 3527 BELLINGTON
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILLIPS, JENNIFER L
Address: 3527 BELLINGTON DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: MGR (X) Change () Addition
Name: PHILLIPS, JONATHAN K
Address: 3527 BELLINGTON
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J H PHILLIPS

MGR

02/04/2003

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