

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007716

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** BOCA RATON ORTHOPEDIC ASSOCIATES, PL

**Current Principal Place of Business:**

1905 CLINTMORE RD., #214  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

1905 CLINTMORE RD., #214  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 65-1023972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAHN, JEFFREY B CPA  
1515 N. FEDERAL HWY.  
BOCA RATON, FL 334961714 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: BERGMAN, MARC DR.  
Address: 1905 CLINTMORE RD., #214  
City-St-Zip: BOCA RATON, FL 33496

Title: P ( ) Delete  
Name: YOUNG, MELVIN DR.  
Address: 1905 CLINTMORE RD., #214  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARC BERGMAN

P

01/04/2007

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