# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 08, 2008**
**Secretary of State**

DOCUMENT# L01000011706

**Entity Name:** ORTHOPAEDICARE HALLANDALE, LLC

**Current Principal Place of Business:**

230 S DIXIE HWY
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

21000 NE 28TH AVE
#104
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 22-3837642** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

HERMAN, ALISON
2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES, FL 33134 US

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

NINA, BLEIER
21000 NE 28TH AVE
SUITE 104
AVENTURA, FL 33180 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: NINA BLEIER 05/08/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: BLEIER, NINA
Address: 21000 NE 28TH AVE #104
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: NINA BLEIER MGR 05/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date