

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011706

FILED  
Apr 24, 2009  
Secretary of State

**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 ( )**

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

NINA, BLEIER  
21000 NE 28TH AVE  
SUITE 104  
AVENTURA, FL 33180 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: 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

04/24/2009

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