

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000076

FILED
Feb 12, 2009
Secretary of State

Entity Name: BROWARD INSTITUTE OF ORTHOPAEDIC SPECIALTIES, LLC

Current Principal Place of Business:

4440 SHERIDAN STREET
SUITE B
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4440 SHERIDAN STREET
SUITE B
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 02-0532857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTH, JEFFREY B M.D.
4440 SHERIDAN STREET
SUITE B
HOLLYWOOD, FL 33021 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: VP () Delete
Name: TAYLOR, KENNETH W MD
Address: 4440 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: SCHWARTZ, GARY B MD
Address: 4440 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: WORTH, JEFFREY B MD
Address: 4440 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: HAMMERMAN, MARC Z MD
Address: 4310 SHERIDIAN ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: TAYLOR, KENNETH W MD
Address: 4440 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP (X) Change () Addition
Name: SCHWARTZ, GARY B MD
Address: 4440 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: WORTH, JEFFREY B MD
Address: 4440 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: T (X) Change () Addition
Name: HAMMERMAN, MARC Z MD
Address: 4310 SHERIDIAN ST
City-St-Zip: HOLLYWOOD, FL 33021

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: JEFFERY B WORTH, MD

S

02/12/2009

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