

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L02000012618

1. Entity Name  
OSSEUS L.L.C.



Principal Place of Business  
1118 S ORANGE AVENUE STE. 205  
ORLANDO, FL 32806

Mailing Address  
1118 S ORANGE AVENUE STE. 205  
ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**



03052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
03-0456959

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHICK, DAVID L ESQ  
301 E PINE ST, STE 1400  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

U000000126273  
04/23/04-80027-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COLE, J DEAN MD
STREET ADDRESS	1118 S ORANGE AVENUE #205
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *kh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/04