2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
03-17-2008 90258 001 ****50.00
04-29-2008 90031 037 ****88.75

DOCUMENT # L02000012618

1. Entity Name
OSSEUS L.L.C.

60031727

Principal Place of Business	Mailing Address
2754 WRIGHTS RD, # 1064 OVIEDO, FL 32765	P.O. BOX 547304 ORLANDO, FL 32854-7304

DO NOT WRITE IN THIS SPACE

03082008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COLE, J DEAN MD
STREET ADDRESS	2501 N. ORANGE AVE., STE 340
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #