

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025715

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** HIGHLANDS JOINT AND SPINE ORTHOPEDICS, P.L.

**Current Principal Place of Business:**

128 SOUTH HUCKLEBERRY LAKE DR  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

128 SOUTH HUCKLEBERRY LAKE DR  
SEBRING, FL 33875

**New Mailing Address:**

**FEI Number:** 02-0645026      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MCCOLLUM, JAMES F  
128 SOUTH HUCKLEBERRY LAKE DR  
SEBRING, FL 33875      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:** MORRIS, VERNON R JR. MD  
**Address:** 128 SOUTH HUCKLEBERRY LAKE DRIVE  
**City-St-Zip:** SEBRING, FL 33875

**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: VERNON R. MORRIS JR MD

DR.

04/30/2009

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