

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002954

Entity Name: ADVANCED ORTHOPEDIC SPECIALISTS, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

18489 NW 23RD PLACE
PEMBROKE PINES, FL 33029

Current Mailing Address:

New Mailing Address:

18489 NW 23RD PLACE
PEMBROKE PINES, FL 33029

FEI Number: 85-0486170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NORIEGA, DAVID
18989 NW 23RD PLACE
PEMBROKE PINES, FL 33029 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: NORIEGA, DAVID
Address: 18489 NW 23RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

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: DAVID NORIREGA

PRES

04/24/2009

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