

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018955

Entity Name: ORTHOLEASING, L.L.C.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

2750 BAHIA VISTA STREET
SUITE 100
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2750 BAHIA VISTA STREET
SUITE 100
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 38-3701355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ALAN F ESQ
1515 RINGLING BLVD.
SUITE 900
SARASOTA, FL 34236 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/MEMBERS:

Title: MGR () Delete
Name: SUGAR, DAVID A
Address: 7314 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: SLEVIN, DONALD J MD
Address: 1325 VISTA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: FURMAN, WALTER K
Address: 1427 CEDAR BAY LANE
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: KARP, DAVID M M.D.
Address: 1508 SHELLBOURNE LANE
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: VOGLER, HAROLD W M.D.
Address: 7950 ROYAL BIRKDALE CIR.
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 A. SUGAR, MD

MGR

04/28/2005

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