

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018955

Entity Name: ORTHOLEASING, L.L.C.

FILED
Mar 30, 2006
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:

GONZALEZ, ALAN F ESQ
1602 E SLIGH AVE
SUITE 100
TAMPA, FL 33604 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:

03/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 (X) 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: MGR (X) Change () Addition
Name: SUGAR, DAVID A
Address: 2524 COLONY TERRACE
City-St-Zip: SARASOTA, FL 34239

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 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: DONALD SLEVIN, MD

MGR

03/30/2006

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