2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L03000018955

Entity Name: ORTHOLEASING, L.L.C.

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
1602 E SLIGH AVE
SUITE 100
TAMPA, FL 33604 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:	SUGAR, DAVID A	
Address:	2524 COLONY TERRACE	
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:	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:	

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: DONALD SLEIN, MD MGR 04/30/2008

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