


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000035316</b> 1. Entity Name HILL ORTHOPEDIC CENTER LLC	
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Principal Place of Business 3000 HUNTER'S CREEK BLVD. SUITE 2 ORLANDO, FL 32837 US	Mailing Address 3000 HUNTER'S CREEK BLVD SUITE 2 ORLANDO, FL 32837 US
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06302005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 77-0608630	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HILL, NATHAN 3000 HUNTER'S CREEK BLVD ORLANDO, FL 32837
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HILL, NATHAN 3000 HUNTERS CREEK BLVD. #2 ORLANDO, FL 32837
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07/27/05-80006-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7.21.05