

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036925

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** THE ORTHOPAEDIC INSTITUTE, LLC

**Current Principal Place of Business:**

4500 W NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4500 W. NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 20-2744571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE  
SUITE 115  
JACKSONVILLE, FL 33204 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  
Name: ANDERSON, MICHAEL A  
Address: 4500 W NEWBERRY ROAD  
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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: MICHAEL A. ANDERSON

CFO

04/24/2012

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