

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057262

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** ORTHO INNOVATIONS, L.L.C.

**Current Principal Place of Business:**

2855 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

2855 PGA BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 55-0835575      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SANTINO, DANA M ESQ.  
1675 PALM BEACH LAKES BLVD.  
SUITE 700  
WEST PALM BEACH, FL FL 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:** MGRM  
**Name:** HAMMILL, JOHN E SR  
**Address:** 290 RIVERSIDE DRIVE  
**City-St-Zip:** ROSSFORD, OH 43460

**Title:** MGRM  
**Name:** DOUBLER, ROBERT L  
**Address:** 1049 ABBEY RD  
**City-St-Zip:** MONROE, MI 48161

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:** JOHN E. HAMMILL, SR      MGRM      02/10/2010

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