

DOCUMENT# L04000071715

Entity Name: ORTHOPEDIC SURGEONS OF FLORIDA, LLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number: _____ **FEI Number Applied For ()** _____ **FEI Number Not Applicable (X)** _____ **Certificate of Status Desired ()** _____

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUMBERT, EDWARD T
5657 SHADDELEE LANE
FT. MYERS, FL 33919 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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: DR () Delete
Name: HUMBERT, EDWARD T
Address: 5657 SHADDELEE LANE WEST
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

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: EDWARD T HUMBERT DR 03/02/2008

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