2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L04000071715

Entity Name: ORTHOPEDIC SURGEONS OF FLORIDA, LLC

Current Principal Place of Business:

5657 SHADDELEE LANE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

5657 SHADDELEE LANE
FT. MYERS, FL 33919

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:

HUMBERT, EDWARD T
5657 SHADDELEE LANE
FT. MYERS, FL 33919 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: 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 HUMBERT DR 01/14/2009

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