

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071715

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC SURGEONS OF FLORIDA, LLC

**Current Principal Place of Business:**

12841 TERABELLA WAY  
FT. MYERS, FL 33912

**New Principal Place of Business:**

12841 TERABELLA WAY  
FT. MYERS, FL 33912 US

**Current Mailing Address:**

12841 TERABELLA WAY  
FT. MYERS, FL 33912

**New Mailing Address:**

12841 TERABELLA WAY  
FT. MYERS, FL 33912 US

**FEI Number:** 20-1925512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUMBERT, EDWARD T  
12841 TERABELLA WAY  
FT. MYERS, FL 33912 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  
**Name:** HUMBERT, EDWARD T  
**Address:** 12841 TERABELLA WAY  
**City-St-Zip:** FORT MYERS, FL 33912 US

**Title:** DR  
**Name:** MEHALIK, JOHN  
**Address:** 15851 KNIGHTSBRIDGE COURT  
**City-St-Zip:** FORT MYERS, FL 33908 US

**Title:** DR  
**Name:** COLLINS, SANDRA  
**Address:** 15941 CATALPA COVE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33908 US

**Title:** DR  
**Name:** FARMER, MARK  
**Address:** 15770 CATALPA COVE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33908 US

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:** EDWARD HUMBERT

MGMR

02/19/2012

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