2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000000051

1. Entity Name
ORTHOSURGICAL IMPLANTS, L.L.C.

Principal Place of Business	Mailing Address
12244 S.W. 130TH STREET MIAMI, FL 33186	12244 S.W. 130TH STREET MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

03172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2112061

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOENING, RICARDO M
12244 SW 130 STREET
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SCHOENING, RICARDO
STREET ADDRESS	14201 S.W. 97TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGRM
NAME	STUCKENBROCK, DONAT
STREET ADDRESS	14201 S.W. 97TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGRM
NAME	GRUBER, PETER G
STREET ADDRESS	9100 SOUTH DADELAND BLVD., SUITE 910
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000489870
04/18/06-80034-014 150.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 3.16.06 305 969 4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #