

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000038079

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC INSTITUTE OF SOUTH FLORIDA, L.L.C.

**Current Principal Place of Business:**

EXECUTIVE OFFICES  
6200 SW 73RD STREET  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

EXECUTIVE OFFICES  
6200 SW 73RD STREET  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 81-0669793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143 US

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 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:**

03/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DOCTORS HOSPITAL, INC.  
**Address:** 6200 SW 73RD STREET  
**City-St-Zip:** MIAMI, FL 33143

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:** NELSON LAZO

CEO

03/03/2011

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