

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038079

FILED
Mar 15, 2012
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 500
CORAL GABLES, FL 33143 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: 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

03/15/2012

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