2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

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Entity Name: AMERICAN MEDICAL ORTHOPAEDICS, L.L.C.

Current Principal Place of Business:

3020 N.W. 82 AVENUE
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3020 N.W. 82 AVENUE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 41-2187683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAZANEC, MARTIN S
3020 N.W. 82 AVENUE
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

BOURLAND, CHARLES R
3020 N.W. 82 AVENUE
MIAMI, FL 33122 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: CHARLES R BOURLAND 01/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOURLAND, CHARLES R III
Address: 3020 N.W. 82 AVENUE
City-St-Zip: MIAMI, FL 33122

Title: MGR (X) Delete
Name: MAZANEC, MARTIN S
Address: 3020 N.W. 82 AVENUE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES R BOURLAND MGR 01/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date