

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095284

**FILED**  
**Mar 09, 2006**  
**Secretary of State**

**Entity Name:** SPECIALIZED ORTHOPAEDIC SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

4311 DAVIDIA DRIVE  
MELBOURNE, FL 329348608

**New Principal Place of Business:**

1900 S. HARBOR CITY BLVD.  
SUITE 329  
MELBOURNE, FL 32901

**Current Mailing Address:**

4311 DAVIDIA DRIVE  
MELBOURNE, FL 329348608

**New Mailing Address:**

**FEI Number:** 20-3451985      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TILGHMAN-LADD, CYNTHIA  
4311 DAVIDIA DRIVE  
MELBOURNE, FL 329348608 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 ( ) Delete  
Name: TILGHMAN-LADD, CYNTHIA  
Address: 4311 DAVIDIA DRIVE  
City-St-Zip: MELBOURNE, FL 329348608

Title: MGRM ( ) Delete  
Name: LADD, JAMES M JR.  
Address: 4311 DAVIDIA DRIVE  
City-St-Zip: MELBOURNE, FL 329348608

**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 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: CYNTHIA TILGHMAN-LADD

MGRM

03/09/2006

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