

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095284

FILED
Jan 19, 2009
Secretary of State

Entity Name: SPECIALIZED ORTHOPAEDIC SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4311 DAVIDIA DRIVE
MELBOURNE, FL 329348608

New Mailing Address:

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

FEI Number: 20-3451985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: JAMES M. LADD

MGRM

01/19/2009

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