

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121351

FILED  
Feb 10, 2006  
Secretary of State

Entity Name: CITRUS ORTHOPEDICS, L.L.C.

## Current Principal Place of Business:

320 U.S. HWY. 41 SOUTH  
INVERNESS, FL 34450

## New Principal Place of Business:

131 S CITRUS AVE  
SUITE 301  
INVERNESS, FL 34452 US

## Current Mailing Address:

320 U.S. HWY. 41 SOUTH  
INVERNESS, FL 34450

## New Mailing Address:

131 S CITRUS AVE  
SUITE 301  
INVERNESS, FL 34452 US

FEI Number: 20-4036447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STILLWELL, CLARK A  
320 U.S. HWY. 41  
SOUTH INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

MUELLER, JAMES J  
131 S CITRUS AVE  
SUITE 301  
INVERNESS, FL 34452 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: JAMES J MUELLER

02/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MUELLER, JIM DR.  
Address: 320 U.S. HWY. 41 SOUTH  
City-St-Zip: INVERNESS, FL 34450

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MUELLER, JAMES J  
Address: 131 S CITRUS AVE  
City-St-Zip: INVERNESS, FL 34452

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: JAMES J MUELLER

MGR

02/10/2006

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