

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007956

Entity Name: LJ ORTHO & MED SERVICES LLC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

10118 BOYNTON PLACE CIRCLE
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

6760 HERITAGE GRANDE
BUILDING 6, UNIT 107
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

10118 BOYNTON PLACE CIRCLE
BOYNTON BEACH, FL 33437 US

New Mailing Address:

6760 HERITAGE GRANDE
BUILDING 6, UNIT 107
BOYNTON BEACH, FL 33437 US

FEI Number: 04-3844580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS JEUNE, MARIE A
10118 BOYNTON PLACE CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

LOUIS JEUNE, MARIE A
6760 HERITAGE GRANDE
BUILDING 6, UNIT 107
BOYNTON BEACH, FL 33437 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:

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOUIS JEUNE, MARIE A
Address: 10118 BOYNTON PLACE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOUIS JEUNE, MARIE A
Address: 6760 HERITAGE GRANDE BUILD 6, UNIT 107
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: MARIE ADELINE LOUIS JEUNE

MGR

04/29/2007

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