

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010938

Entity Name: O'GRADY ORTHOPAEDICS, PL

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

1118 GULF BREEZE PARKWAY
SUITE 100
GULF BREEZE, FL 32561 US

Current Mailing Address:

1118 GULF BREEZE PARKWAY
SUITE 100
GULF BREEZE, FL 32561 US

New Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561 US

New Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561 US

FEI Number: 20-3793932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'GRADY, CHRISTOPHER
1118 GULF BREEZE PARKWAY
SUITE 100
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

O'GRADY, CHRISTOPHER
1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561 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: CHRISTOPHER O'GRADY

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'GRADY, CHRISTOPHER
Address: 1118 GULF BREEZE PARKWAY,SUITE 100
City-St-Zip: GULF BREEZE, FL 32561 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'GRADY, CHRISTOPHER
Address: 1040 GULF BREEZE PARKWAY,SUITE 200
City-St-Zip: GULF BREEZE, FL 32561 US

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: CHRISTOPHER O'GRADY

MGRM

01/09/2007

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