

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014862

FILED
Jul 13, 2007
Secretary of State

Entity Name: ORTHOPEDIC SURGICAL SERVICES, LLC

Current Principal Place of Business:

307 LAKEVIEW DRIVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

307 LAKEVIEW DRIVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-4346203 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR () Change (X) Addition
Name: SULLIVAN, JOHN G MBR
Address: 307 LAKEVIEW DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: JOHN G SULLIVAN

MGMR

07/13/2007

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