

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014862

**FILED
Feb 16, 2011
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 ()**

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: MGMR
Name: SULLIVAN, JOHN G MBR
Address: 307 LAKEVIEW DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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, M.D. MGMR 02/16/2011

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