

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026918

FILED
May 01, 2008
Secretary of State

Entity Name: JUPITER ORTHOPAEDIC PARTNERS, LLC

Current Principal Place of Business:

1411 NORTH FLAGLER DRIVE STE 5600
WEST PALM BEACH, FL 33401

New Principal Place of Business:

601 UNIVERSITY BOULEVARD
SUITE 104
JUPITER, FL 33458

Current Mailing Address:

1411 NORTH FLAGLER DRIVE STE 5600
WEST PALM BEACH, FL 33401

New Mailing Address:

601 UNIVERSITY BOULEVARD
SUITE 104
JUPITER, FL 33458

FEI Number: 02-0772959 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:

Name and Address of New Registered Agent:

RONDON, DAVID S DR
1411 NORTH FLAGLER DRIVE STE 5600
WEST PALM BEACH, FL 33401 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR. () Delete
Name: RONDON, DAVID., MD
Address: 601 UNIVERSITY BOULEVARD, SUITE 104
City-St-Zip: JUPITER., FL 33458 PB

Title: DR. () Delete
Name: GORMAN, RICHARD A MD.
Address: 601 UNIVERSITY BOULEVARD SUITE 104
City-St-Zip: JUPITER., FL 33458 PB

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID S. RONDON, M.D.

DR.

05/01/2008

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