## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000026918

City-St-Zip:

JUPITER,, FL 33458 PB

Entity Name: JUPITER ORTHOPAEDIC PARTNERS, LLC

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 601 UNIVERSITY BOULEVARD SUITE 104 JUPITER, FL 33458 **Current Mailing Address: 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 ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RONDON, DAVID S DR RONDON, DAVID S DR 1411 NORTH FLAGLER DRIVE STE 5600 601 UNIVÉRSITY BOULEVARD, SUITE 104 WEST PALM BEACH, FL 33401 JUPITER, FL 33458 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: 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete RONDON, DAVID, , MD Name: Name: Address: 601 UNIVERSITY BOULEVARD, SUITE104 Address: City-St-Zip: JUPITER,, FL 33458 PB City-St-Zip: Title: () Delete Title: () Change () Addition Name: GORMAN, RICHARD A MD. Name: Address: 601 UNIVERSITY BOULEVARD SUITE 104 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. 04/30/2009