


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000052988 1. Entity Name ORTHOPAEDIC SPECIALTY CARE, L.L.C.	
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Principal Place of Business 2131 SW 20TH PL OCALA, FL 34471	Mailing Address 2215 SE FT KING ST STE B OCALA, FL 34471
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02062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4857601	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUEGER, SCOTT D
2750 NW 43RD STREET SUITE 201
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

W0000000 DATE

04/03/08-B0056-U20 158.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANSEAU, CHRISTOPHER 2131 SW 20TH PL OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBHOLZ, ANGIE 2131 SW 20TH PL OCALA, FL 34471
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Manseau ☒ 3/14/08 (352) 624-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #