2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L06000052988

Entity Name: ORTHOPAEDIC SPECIALTY CARE, L.L.C.

Current Principal Place of Business:

2131 SW 20TH PL
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2215 SE FT KING ST STE B
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-4857601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRUEGER, SCOTT D
2750 NW 43RD STREET SUITE 201
GAINESVILLE, FL 32606 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: MGR ( ) Delete
Name: MANSEAU, CHRISTOPHER
Address: 2131 SW 20TH PL
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: OBHOLZ, ANGIE
Address: 2131 SW 20TH PL
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MANSEAU, ANGIE
Address: 2131 SW 20TH PL
City-St-Zip: OCALA, FL 34471

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: CHRISTOPHER MANSEAU MGR 03/04/2009

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