

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052988

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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:**

2685 SW 32ND PL  
SUITE 400  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 20-4857601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** MANSEAU, CHRISTOPHER  
**Address:** 2685 SW 32ND PL, SUITE 400  
**City-St-Zip:** Ocala, FL 34471

**Title:** MGRM  
**Name:** MANSEAU, ANGIE  
**Address:** 2685 SW 32ND PL, SUITE 400  
**City-St-Zip:** Ocala, FL 34471

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:** CHRISTOPHER MANSEAU

MRG

04/30/2012

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