

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078129

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: FLORIDA STATE ORTHOPEDIC SPECIALISTS LLC

## Current Principal Place of Business:

301 CAMINO GARDENS BLVD  
103  
BOCA RATON, FL 33432

## New Principal Place of Business:

100 NW 170TH STREET  
SUITE 206  
NORTH MIAMI BEACH, FL 33169

## Current Mailing Address:

301 CAMINO GARDENS BLVD  
103  
BOCA RATON, FL 33432

## New Mailing Address:

100 NW 170TH STREET  
SUITE 206  
NORTH MIAMI BEACH, FL 33169

FEI Number: 20-5342423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STARRY, AMY M.D.O.  
301 CAMINO GARDENS BLVD  
SUITE 103  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

STARRY, AMY M.D.O.  
100 NW 170TH STREET  
SUITE 206  
NORTH MIAMI BEACH, FL 33169 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: AMY M. STARRY, D.O.

04/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: STARRY, AMY M.D.O.  
Address: 103 CAMINO GARDENS BLVD SUITE 103  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: STARRY, AMY M.D.O.  
Address: 100 NW 170TH STREET SUITE 206  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: AMY M. STARRY, D.O.

MGR

04/26/2009

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