2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L06000103307

Entity Name: VERITY ORTHOPEDICS AND SPINE SURGERY, LLC

Current Principal Place of Business:

7350 SAND LAKE COMMONS BLVD.
SUITE 2225
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7350 SAND LAKE COMMONS BLVD.
SUITE 2225
ORLANDO, FL 32819

New Mailing Address:

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

Name and Address of Current Registered Agent:

BLACK, JONATHAN D MD
7350 SAND LAKE COMMONS BLVD.
SUITE 2225
ORLANDO, FL 32819 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: BLACK, JONATHAN D
Address: 7350 SAND LAKE COMMONS BLVD., SUITE 2225
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BLACK, JONATHAN D
Address: 7350 SAND LAKE COMMONS BLVD., SUITE 2225
City-St-Zip: ORLANDO, FL 32819

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: JONATHAN D. BLACK MGRM 02/25/2009

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