**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**May 07, 2008**
**Secretary of State**

DOCUMENT# L07000126079

**Entity Name:** CLINT MOORE BROG, LLC

**Current Principal Place of Business:**

660 GLADES ROAD, STE 460
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

660 GLADES ROAD, STE 460
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number: 32-0225406** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVE., STE 500 (JAF)
WEST PALM BEACH, FL 33401 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: MGMR ( ) Delete
Name: LEVIN, LARRY P
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431

Title: MGMR (X) Delete
Name: SAKER, ANTHONY
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: ORTHO FLORIDA, LLC,
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431 US

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

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: LARRY P. LEVIN                MGR                05/07/2008

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