

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126605

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** TREASURE COAST ORTHOPAEDICS, LLC

**Current Principal Place of Business:**

4800 LINTON BLVD  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4800 LINTON BLVD  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRACY LAW FIRM, P. A.  
1511 PROSPERITY FARMS ROAD  
300  
LAKE PARK, FL 33403 US

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

STONEBRIDGE WEALTH MGMT  
1511 PROSPERITY FARMS ROAD  
300  
LAKE PARK, FL 33403 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: MARY BERTH MCMANUS

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLUM, STEVE  
Address: 4800 LINTON BLVD  
City-St-Zip: DELRAY BEACH, FL 33455

**ADDITIONS/CHANGES:**

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: STEVE BLUM

MGRM

04/27/2009

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