

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001269

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ORTHOPAEDIC SURGERY CENTER OF EXCELLENCE, LLC

**Current Principal Place of Business:**

1801 N BELCHER RD STE B  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

1801 N BELCHER RD STE B  
CLEARWATER, FL 33765

**New Mailing Address:**

10801 STARKEY ROAD  
STE 104 BOX 110  
SEMINOLE, FL 33777

**FEI Number:** 16-7441567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABRAHAMSEN, CHARLES E  
1801 N BELCHER RD STE B  
CLEARWATER, FL 33765 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:** MGRM  
**Name:** ABRAHAMSEN, CHARLES E  
**Address:** 1801 N BELCHER RD STE B  
**City-St-Zip:** CLEARWATER, FL 33765

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: CHARLES E ABRAHAMSEN

MGRM

04/24/2012

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