2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000067345

Entity Name: AMERICAN ACADEMY OF REGENERATIVE ORTHOPEDIC MEDICINE LLC

Current Principal Place of Business:

611 DRUID RD E
SUITE 302
CLEARWATER, FL 33576

New Principal Place of Business:

Current Mailing Address:

611 DRUID RD E
SUITE 302
CLEARWATER, FL 33576

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:

LINETSKY, FELIX
700 ISLAND WAY
UNIT 1101
CLEARWATER, FL 33767 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 ( ) Delete
Name: LINETSKY, FELIX
Address: 700 ISLAND WAY #1101
City-St-Zip: CLEARWATER, FL 33767

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: FELIX LINETSKY P 04/23/2009

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