2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L08000074405

Entity Name: ORTHOPAEDIC SPINE & FRACTURE OF PALM BEACH, LLC

Current Principal Place of Business:

8136 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8136 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 26-3988140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WANG CAPITAL, LLC
8136 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411 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: WANG CAPITAL, LLC,
Address: 8136 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM (X) Delete
Name: QURAESHI, SHAHMIR
Address: 8136 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM (X) Delete
Name: SHMERLIS, YURY
Address: 8136 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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

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

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: SHAHMIR QURAESHI MBR 03/19/2009

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