

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091754

FILED
Jan 04, 2012
Secretary of State

Entity Name: ANDREWS ORTHOPAEDIC & SPORTS MEDICINE CENTER, LLC

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 26-3472499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINES, JAY
1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561 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: OSTRANDER, ROGER V
Address: 1040 GULF BREEZE PARKWAY SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: O'GRADY, CHRISTOPHER P
Address: 1040 GULF BREEZE PARKWAY SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: HACKEL, JOSHUA G
Address: 1040 GULF BREEZE PARKWAY SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

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: JOSHUA HACKEL

MGR

01/04/2012

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