

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094042

**Entity Name:** REMIA ORTHO, LLC

**FILED**  
**Sep 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1600 S. FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

660 GLADES ROAD  
SUITE 460  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CORPORATION COMPANY OF MIAMI  
525 OKEECHOBEE BLVD. (JAF)  
SUITE 1100  
WEST PALM BEACH, FL 33401 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: MGR  
Name: ORTHO FLORIDA, LLC  
Address: 660 GLADES ROAD, SUITE 460  
City-St-Zip: BOCA RATON, FL 33431 US

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: ORTHO FLORIDA, LLC

MGR

09/24/2010

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