

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019176

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** UPPER EXTREMITY SPECIALTIES & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

6800 SW 75TH TERRACE  
SOUTH MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

6800 SW 75TH TERRACE  
SOUTH MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 26-4422596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STEWART AGENTS SERVICES  
2199 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33143 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:** ALEXANDER, JOANNA M  
**Address:** 6800 SW 75TH TERRACE  
**City-St-Zip:** MIAMI, FL 33143

**Title:** MGR  
**Name:** ALEXANDER, DAVID J  
**Address:** 6800 SW 75 TERRACE  
**City-St-Zip:** MIAMI, FL 33143 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:** JOANNA ALEXANDER

MGRM

01/11/2010

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