

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000033801

Entity Name: AZUL ORTHOPAEDICS, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6977 SW 148TH TERRACE  
VILLAGE OF PALMETTO BAY, FL 33158

**New Principal Place of Business:**

9205 SW 58 AVE  
PINECREST, FL 33156

**Current Mailing Address:**

6977 SW 148TH TERRACE  
VILLAGE OF PALMETTO BAY, FL 33158

**New Mailing Address:**

9205 SW 58 AVE  
PINECREST, FL 33156

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GONZALEZ-QUEVEDO, FELIX  
6977 SW 148TH TERRACE  
VILLAGE OF PALMETTO BAY, FL 33158 US

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

GONZALEZ-QUEVEDO, FELIX  
9205 SW 58 AVE  
PINECREST, FL 33156 US

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: FELIX A GONZALEZ-QUEVEDO

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GONZALEZ-QUEVEDO, FELIX  
Address: 9205 SW 58 AVE  
City-St-Zip: PINECREST, FL 33156

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: FELIX A GONZALEZ-QUEVEDO

MGRM

04/29/2011

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