

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000047543

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** HOMMEN ORTHOPEDIC INSTITUTE, P.L.

**Current Principal Place of Business:**

155 MORNINGSIDE DRIVE  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

1234 S. DIXIE HIGHWAY,#331  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 27-0201200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOMMEN, JAN P  
155 MORNINGSIDE DRIVE  
CORAL GABLES, FL 33133 US

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

HOMMEN, JAN PIETER  
155 MORNINGSIDE DRIVE  
CORAL GABLES, FL 33133 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: JAN PIETER HOMMEN

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOMMEN, JAN PIETER  
Address: 155 MORNINGSIDE DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

Title: MRS.  
Name: HOMMEN, NICOLE M  
Address: 155 MORNINGSIDE DRIVE  
City-St-Zip: CORAL GABLES, FL 33133 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: NICOLE HOMMEN

MGRM

02/16/2010

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