

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000047543

FILED
Apr 13, 2011
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:

155 MORNINGSIDE DRIVE
CORAL GABLES, FL 33133

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

Title: TREA
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: J. PIETER HOMMEN

MGR

04/13/2011

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