

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000047543

**FILED**  
**Feb 10, 2012**  
**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:**

8940 N. KENDALLL DRIVE  
SUITE 101E  
MIAMI, FL 33176

**Current Mailing Address:**

155 MORNINGSIDE DRIVE  
CORAL GABLES, FL 33133

**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 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: JAN PIETER HOMMEN

MGR

02/10/2012

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