

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 11, 2011
Secretary of State

Entity Name: GULF BREEZE ORTHOPAEDIC GROUP, LLC

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 27-0788352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINES, JAY
1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561 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: ROGER V. OSTRANDER, MD, PA
Address: 1040 GULF BREEZE PARKWAY, SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: O'GRADY ORTHOPAEDICS, PL
Address: 1040 GULF BREEZE PARKWAY, SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: BARRY S. CALLAHAN, MD, PA
Address: 1040 GULF BREEZE PARKWAY, SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: NILSSEN ORTHOPEDICS, PA
Address: 1040 GULF BREEZE PARKWAY, SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

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: BARRY CALLAHAN

MGR

01/11/2011

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