

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100258

FILED
May 03, 2010
Secretary of State

Entity Name: OPTIONS ORTHOMED LLC

Current Principal Place of Business:

26 INTERLAKEN RD
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

26 INTERLAKEN RD
ORLANDO, FL 32804

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BESSIRE, BRUCE
26 INTERLAKEN RD
ORLANDO, FL 32804 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BESSIRE, BRUCE
Address: 26 INTERLAKEN RD
City-St-Zip: ORLNADO, FL 32804

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: BRUCE BESSIRE

MGR

05/03/2010

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