

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115086

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** ORTHOPEDIC SPECIAL SURGERY OF THE PALM BEACHES, LLC.

**Current Principal Place of Business:**

1397 MEDICAL PARK BLVD  
SUITE 400  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

1397 MEDICAL PARK BLVD  
SUITE 400  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 27-1409186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAY PHILLIP PARKER, P.A.  
1691 MICHIGAN AVE.  
SUITE 320  
MIAMI BEACH, FL 33139 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:** NEURO.ORTHO.RAD. MONITORING, LLC  
**Address:** 1397 MEDICAL PARK BLVD., SUITE 400  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** MGRM  
**Name:** ORTHOPEDIC SPECIAL SURGERY OF THE PB, INC.  
**Address:** 215 GROVE WAY  
**City-St-Zip:** DELRAY BEACH, FL 33444 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:** JAY PHILLIP PARKER

RA

03/25/2010

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