# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 10, 2012**
**Secretary of State**

DOCUMENT# L10000098793

**Entity Name:** ORTHO ASSIST LLC

**Current Principal Place of Business:**

751 PARK OF COMMERCE DRIVE, SUITE 112
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

751 PARK OF COMMERCE DRIVE, SUITE 112
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BLVD.
SUITE 1100 (JAF)
WEST PALM BEACH, FL 33401 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: INNOVATIVE HEALTHCARE BUSINESS SOLUTIONS,
Address: 751 PARK OF COMMERCE DRIVE, SUITE 112
City-St-Zip: BOCA RATON, FL 33487

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 Statues.

SIGNATURE: INNOVATIVE HEALTH CARE BUSINESS SOLUTIONS MGR 04/10/2012

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