

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110126

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** BURKE JOINT REPLACEMENT CONSULTING AND RESEARCH LLC

**Current Principal Place of Business:**

2848 NE 26TH STREET  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

2848 NE 26TH STREET  
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

**FEI Number:** 27-3736840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAM VINCENT BURKE, MD  
2848 NE 26TH STREET  
FORT LAUDERDALE, FL 33305 US

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

BURKE, WILLIAM V MD  
2848 NE 26TH STREET  
FORT LAUDERDALE, FL 33305 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: WILLIAM VINCENT BURKE

01/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BURKE, WILLIAM V MD  
Address: 2848 NE 26TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGR  
Name: BURKE, MARISA C PHD  
Address: 2848 NE 26TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33305

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: MARISA COLLETT BURKE

MGR

01/27/2011

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