

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000064192

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ORTHOPEDIC & REHAB CLINIC, LLC

**Current Principal Place of Business:**

255 CITRUS TOWER BLVD  
SUITE 212  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

255 CITRUS TOWER BLVD  
SUITE 212  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 45-2806834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SAINI, VIKRAM  
483 N. SEMORAN BLVD.  
SUITE 205  
WINTER PARK, FL 32792 US

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

CHOPRA, NEERU  
255 CITRUS TOWER BLVD  
SUITE 212  
CLERMONT, FL 34711 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: NEERU CHOPRA

03/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VARMA, AMIT  
Address: 255 CITRUS TOWER BLVD, SUITE 212  
City-St-Zip: CLERMONT, FL 34711 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: AMIT VARMA

MGRM

03/28/2012

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