

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000093294

FILED
Jun 13, 2012
Secretary of State

Entity Name: WELLINGTON ORTHOPEDIC INSTITUTE, LLC

Current Principal Place of Business:

1397 MEDICAL PARK BLVD STE 260
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1397 MEDICAL PARK BLVD STE 260
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 45-2978310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOLAJCZAK, MICHAEL R D.O.
10249 EL PARAISO PLACE
DELRAY BEACH, FL 33445 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: MIKOLAJCZAK, MICHAEL R DO
Address: 10249 EL PARAISO PLACE
City-St-Zip: DELRAY BEACH, FL 33446

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: MICHAEL R MIKOLAJCZAK, DO

MGRM

06/13/2012

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