

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099007

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** WATERMAN ORTHOPEDIC CONSULTANTS, LLC

**Current Principal Place of Business:**

2051 MAYO DR.  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

2051 MAYO DR.  
TAVARES, FL 32778 US

**New Mailing Address:**

**FEI Number:** 45-3114871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCHARD, CLAYTON H JR.  
35 E. PINEHURST BLVD.  
EUSTIS, FL 32726 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:** PERRY, DONALD J  
**Address:** 2051 MAYO DR.  
**City-St-Zip:** TAVARES, FL 32778 US

**Title:** MGRM  
**Name:** RADNOTHY, JON H  
**Address:** 2051 MAYO DR.  
**City-St-Zip:** TAVARES, FL 32726 US

**Title:** MGRM  
**Name:** MANOOGIAN, VREJ  
**Address:** 1945 BAY ROAD  
**City-St-Zip:** MT. DORA, FL 32757 US

**Title:** MGRM  
**Name:** GURU, SAMIR  
**Address:** 1945 BAY ROAD  
**City-St-Zip:** MT. DORA, FL 32757 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:** DONALD PERRY

MGRM

01/18/2012

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