


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90029 038 ****50.00

DOCUMENT # L98000001046
 1. Entity Name
 ORTHOPAEDIC CARE SPECIALISTS, P.L.



Principal Place of Business 733 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408	Mailing Address 733 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408
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20019313



02162005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0882367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MIRKIN, MARK H
 1700 PALM BEACH LAKES BOULEVARD, #580
 WEST PALM BEACH, FL 33401

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEINER, RICHARD L 51 ST THOMAS DR WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SASLOW, STEVEN R 8412 EGRET MEADOW LANE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHNEIDER, ANDREW I 5543 SEA BISCUIT RD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARLOSOROFF, CHAIM <i>ARLOSOROFF, CHAIM</i> 2614 GEORGIA LANE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____