

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001046

FILED
Apr 17, 2007
Secretary of State

Entity Name: ORTHOPAEDIC CARE SPECIALISTS, P.L.

Current Principal Place of Business:

733 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

733 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0882367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRKIN, MARK H
1700 PALM BEACH LAKES BOULEVARD, #580
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

LICHTBLAU & GOLDENBERG
3300 P.G.A. BLVD. SUITE 700
PALM BEACH GARDENS, FL 33410 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: NEIL LICHTBLAU, ESQ.

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR. () Delete
Name: WEINER, RICHARD L
Address: 41 ST THOMAS DR
City-St-Zip: WEST PALM BEACH, FL 33418

Title: MGR () Delete
Name: SASLOW, STEVEN R
Address: 8412 EGRET MEADOW LANE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR () Delete
Name: SCHNEIDER, ANDREW I
Address: 5543 SEA BISCUIT RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: ARLOSOROFF, CHAIM
Address: 2614 GEORGIA LANE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD L. WEINER, M.D.

DR.

04/17/2007

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