

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001046

FILED
Jan 30, 2008
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:

LICHTBLAU & GOLDENBERG
3300 P.G.A. BLVD. SUITE 700
PALM BEACH GARDENS, FL 33410 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: DR. () Delete
Name: WEINER, RICHARD L M.D.
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DR () Delete
Name: SASLOW, STEVEN R D.O.
Address: 733 US HWY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DR. () Delete
Name: SCHNEIDER, ANDREW I M.D.
Address: 733 US HIGHWA ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DR () Delete
Name: ARLOSOROFF, CHAIM M.D.
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DR () Delete
Name: LENARD, ALEXANDER N M.D.
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: WEINER, RICHARD L M.D.
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM (X) Change () Addition
Name: SASLOW, STEVEN R D.O.
Address: 733 US HWY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM. (X) Change () Addition
Name: SCHNEIDER, ANDREW I M.D.
Address: 733 US HIGHWA ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM (X) Change () Addition
Name: ARLOSOROFF, CHAIM M.D.
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM (X) Change () Addition
Name: LENARD, ALEXANDER N M.D.
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM () Change (X) Addition
Name: SAYLOR, THOMAS F MD
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify 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. MM 01/30/2008

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