

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001046

FILED  
Apr 14, 2009  
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: MM ( ) Delete  
Name: WEINER, RICHARD L M.D.  
Address: 733 US HIGHWAY ONE  
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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

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

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

**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:

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 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

04/14/2009

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