2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001046

Entity Name: ORTHOPAEDIC CARE SPECIALISTS, P.L.

FILED Jan 05, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

733 U.S. HIGHWAY ONE

NORTH PALM BEACH, FL 33408

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0882367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

WEINER, RICHARD L M.D. Name: Address: 733 US HIGHWAY ONE City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM

Name: SASLOW, STEVEN R D.O. Address: 733 US HWY ONE

City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM

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

Title: MM

Name: ARLOSOROFF, CHAIM M.D. 733 US HIGHWAY ONE Address: NORTH PALM BEACH, FL 33408

City-St-Zip:

Title:

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

Title:

SAYLOR, THOMAS F MD Name: Address: 733 US HIGHWAY ONE

NORTH PALM BEACH, FL 33408 City-St-Zip:

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 Statues.

SIGNATURE: RICHARD L. WEINER 01/05/2012