

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000906

FILED
Jan 20, 2012
Secretary of State

Entity Name: CITRUS ORTHOPEDIC PRODUCTS, LLC

Current Principal Place of Business:

5796 ARMADA DRIVE
SUITE 250
CARLSBAD, CA 92008

New Principal Place of Business:

5204 TENNYSON PARKWAY
SUITE 100
PLANO, TX 75024

Current Mailing Address:

5204 TENNYSON PARKWAY
SUITE 100
PLANO, TX 75024 US

New Mailing Address:

FEI Number: 27-1826699 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PRES
Name: JOHN KRIER
Address: 5204 TENNYSON PARKWAY, SUITE 100
City-St-Zip: PLANO, TX 75024 US

Title: VP
Name: RADTKE, JOEL
Address: 5796 ARMADA DRIVE, SUITE 250
City-St-Zip: CARLSBAD, CA 92008

Title: SECR
Name: PETERSON, T. COLE
Address: 5204 TENNYSON PARKWAY, SUITE 100
City-St-Zip: PLANO, TX 75024

Title: VP
Name: NELSON, GREG
Address: 5796 ARMADA DRIVE, SUITE 250
City-St-Zip: CARLSBAD, CA 92008

Title: ASEC
Name: RADTKE, JOEL
Address: 5796 ARMADA DRIVE, SUITE 250
City-St-Zip: CARLSBAD, CA 92008

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 Statutes.

SIGNATURE: T. COLE PETERSON

SECR

01/20/2012

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