

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035316

Entity Name: HILL ORTHOPEDIC CENTER LLC

Current Principal Place of Business:

4125 HUNTERS PARK LN
SUITE 117
ORLANDO, FL 32837

Current Mailing Address:

4125 HUNTERS PARK LN
SUITE 117
ORLANDO, FL 32837 US

FEI Number: 77-0608630

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HILL, NATHAN
4125 HUNTERS PARK LN
SUITE 117
ORLANDO, FL 32837 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

Authorized Person(s) Detail :

Title MGR
Name HILL, NATHAN
Address 4125 HUNTERS PARK LN STE 117
City-State-Zip: ORLANDO FL 32837

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATHAN HILL

ADMINISTRATOR

02/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date