

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000154436

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC4989015335**

**Entity Name:** ORTOPEDISK MEDISIN NORD EREAL ESTATE, LLC

**Current Principal Place of Business:**

2668 SANTOSH COVE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

2668 SANTOSH COVE  
KISSIMMEE, FL 34746

**FEI Number:** 68-0682917

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARDING BELL INTERNATIONAL, INC.  
113 PONTOTOC PLAZA  
AUBURNDALE, FL 33823-3439 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:** SUSAN J HARDING

03/18/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STORHEIL, BENNY E  
Address 2668 SANTOSH COVE  
City-State-Zip: KISSIMMEE FL 34746

Title MGR  
Name HOLMVIK, STIAN  
Address 2668 SANTOSH COVE  
City-State-Zip: KISSIMMEE FL 34746

Title ST  
Name STORHEIL, BENNY E  
Address 2668 SANTOSH COVE  
City-State-Zip: KISSIMMEE FL 34746

*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:** BENNY E STORHEIL

MGR

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date