

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002488

**Entity Name:** ORTHOPRO, LLC

**Current Principal Place of Business:**

3450 S HIGHLAND DRIVE SUITE 302  
SALT LAKE CITY, UT 84106

**Current Mailing Address:**

PO BOX 9552  
SALT LAKE CITY, UT 84109 US

**FEI Number:** 51-0476269

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
3111 W. DR. MLK BLVD. STE 100-B180  
TAMPA, FL 33607 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 MGRM  
Name LEAVITT, DUSTIN  
Address 3450 S HIGHLAND DRIVE SUITE 302  
City-State-Zip: SALT LAKE CITY UT 84106

Title MGRM  
Name SCHELLING, CRAIG  
Address 3450 S HIGHLAND DRIVE SUITE 302  
City-State-Zip: SALT LAKE CITY UT 84106

Title MGRM  
Name PELIZZON, DAVID  
Address 3450 S HIGHLAND DRIVE SUITE 302  
City-State-Zip: SALT LAKE CITY UT 84106

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DUSTIN LEAVITT

**PRESIDENT/CEO**

**05/01/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date