

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90050 045 ***150.00

DOCUMENT # L02000020828
 1. Entity Name
THE INSTITUTE FOR SPORTS MEDICINE AND ORTHOPAEDIC SURGERY, LLC



Principal Place of Business
5701 OVERSEAS HIGHWAY, SUITE 17 MARATHON, FL 33050

Mailing Address
P.O. BOX 501179 MARATHON, FL 33050

20051100



04032005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 14-1843148 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BOTELHO, GEORGE M
 5701 OVERSEAS HWY STE 17
 MARATHON, FL 33050**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOTELHO, GEORGE M.D. 5511 SOUTH CONGRESS AVE., SUITE 125 ATLANTIS, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOTELHO, CELIA F M.D. 5511 SOUTH CONGRESS AVE., SUITE 125 ATLANTIS, FL 33462 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* **Date:** 4/11/05 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE