

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020828

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE INSTITUTE FOR SPORTS MEDICINE AND ORTHOPAEDIC SURGERY, LLC

Current Principal Place of Business:

5701 OVERSEAS HIGHWAY, SUITE 17
MARATHON, FL 33050

New Principal Place of Business:

95360 OVERSEAS HIGHWAY, SUITE 11
KEY LARGO, FL 33037

Current Mailing Address:

P.O. BOX 501179
MARATHON, FL 33050

New Mailing Address:

FEI Number: 14-1843148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOTELHO, GEORGE M
95360 OVERSEAS HWY STE 11
KEY LARGO, FL 33037 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: _____

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOTELHO, GEORGE M.D.
Address: 5511 SOUTH CONGRESS AVE., SUITE 125
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM (X) Delete
Name: BOTELHO, CELIA F M.D.
Address: 5511 SOUTH CONGRESS AVE., SUITE 125
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DR. GEORGE BOTELHO

MGRM

04/25/2006

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