


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90258 038 ****50.00

DOCUMENT # L02000020828

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



Principal Place of Business
**95360 OVERSEAS HIGHWAY, SUITE 11
 KEY LARGO, FL 33037**

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

60048107



2. Principal Place of Business - No P.O. Box #
5511 SOUTH CONGRESS
 Suite, Apt. #, etc.
SUITE 125

3. Mailing Address
5511 SOUTH CONGRESS
 Suite, Apt. #, etc.
SUITE 125

City & State
ATLANTIS, FL

Zip
33462

Country
USA

04152007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5511 SOUTH CONGRESS
 City
ATLANTIS FL Zip Code
33462

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  **GEORGE M. BOTELHO** 4/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTELHO, GEORGE M.D. 5511 SOUTH CONGRESS AVE., SUITE 125 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **GEORGE M. BOTELHO** 4/24/07 (561) 967-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #