


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

**4 Jun 23, 2005 8:00 am Secretary of State**

04-29-2005 90050 028 \*\*\*150.00

<b>DOCUMENT # L04000051842</b>					
1. Entity Name <b>THE BONE &amp; JOINT INSTITUTE OF THE PALM BEACHES, LLC</b>					
Principal Place of Business <b>5511 S. CONGRESS AVENUE BUILDING 3 SUITE 125 ATLANTIS, FL 33462 US</b>			Mailing Address <b>5511 S. CONGRESS AVENUE BUILDING 3 SUITE 125 ATLANTIS, FL 33462 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04032005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>86-1112863</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOTEHLO, CELIA M M.D.		NAME		
STREET ADDRESS	5511 S. CONGRESS AVENUE, SUITE 125		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOTEHLO, GEORGE M M.D.		NAME		
STREET ADDRESS	5511 S. CONGRESS AVENUE, SUITE 125		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>GMB</i></u>			Date: <u>4/11/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					