

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90031 038 ****50.00

DOCUMENT # L01000001791

1. Entity Name
CHILDREN'S ORTHOPEDICS OF SOUTHWEST FLORIDA, LLC

Principal Place of Business 1520 ROYAL PALM SQUARE BLVD. SUITE 320 FT. MYERS FL 33919	Mailing Address 1520 ROYAL PALM SQUARE BLVD. SUITE 320 FT. MYERS FL 33919
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2. Principal Place of Business 3487 Broadway	3. Mailing Address 3487 Broadway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers, Florida	City & State Fort Myers, Florida
Zip 33901	Country USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KYLE, KEVIN A
 1520 ROYAL PALM SQUARE BLVD.
 SUITE 320
 FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name Mike Ellis
Street Address (P.O. Box Number is Not Acceptable) 3487 Broadway
City Fort Myers
State FL
Zip Code 33901

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.

SIGNATURE  **Mike Ellis, Manager** 1-23-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mike Ellis 3487 Broadway Fort Myers, Florida 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **Mike Ellis, Mgr** 1-23-02 941-939-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)