

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90068 013 \*\*\*\*50.00

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<b>DOCUMENT # L01000001791</b> 1. Entity Name CHILDREN'S ORTHOPEDICS OF SOUTHWEST FLORIDA, LLC			
Principal Place of Business 3487 BROADWAY FORT MYERS, FL 33901		Mailing Address 3487 BROADWAY SUITE 320 FORT MYERS, FL 33901	
2. Principal Place of Business 9981 S. Healthpark Dr. Suite, Apt. #, etc. 456 City & State Ft. Myers, FL Zip 33908 Country Lee		3. Mailing Address 9981 S. Healthpark Dr. Suite, Apt. #, etc. 456 City & State Ft. Myers, FL Zip 33908 Country Lee	
4. FEI Number 03-0390605		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01072004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  KYLE, KEVIN A 3487 BROADWAY FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name <u>Mike Ellis</u> Street Address (P.O. Box Number is Not Acceptable) 9981 S. Healthpark Dr. Ste. 456 City Ft. Myers FL Zip Code 33908	
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 <u>Mike Ellis</u> <u>Mike Ellis</u> DATE <u>11/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE P NAME MIKE, ELLIS <input type="checkbox"/> Delete STREET ADDRESS <del>3487 BROADWAY</del> CITY-ST-ZIP <del>FORT MYERS, FL 33901</del>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 9981 S. Healthpark Dr. Ste. 456 STREET ADDRESS Ft. Myers, FL. 33908 CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Mike Ellis</u> <u>Mike Ellis</u>		Date <u>11/15/04</u> Daytime Phone #	