


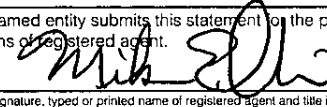
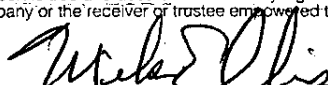
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

24057288



DOCUMENT # L01000001791			
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		24057288	
2. Principal Place of Business 9981 S. Healthpark Dr. Suite, Apt. #, etc. 456	3. Mailing Address 9981 S. Healthpark Dr. Suite, Apt. #, etc. 456	01072004 Chg-LLC CR2E083 (10/03)	
City & State Ft. Myers, FL	City & State Ft. Myers, FL	4. FEI Number 03-0390605	Applied For Not Applicable
Zip 33908	Country Lee	Zip 33908	Country Lee
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: Mike Ellis 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: 		DATE: 11/15/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKE, ELLIS 3487 BROADWAY FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9981 S. Healthpark Dr. Ste. 456 Ft. Myers, FL. 33908
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
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
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: 		DATE: 11/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	