

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006726

FILED
Apr 25, 2005
Secretary of State

Entity Name: NAPLES ORTHOPAEDIC INSTITUTE, L.L.C.

Current Principal Place of Business:

101 8TH ST S
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

101 8TH ST S
NAPLES, FL 34102

New Mailing Address:

1009 CROSSPOINTE DRIVE
SUITE 2
NAPLES, FL 34110

FEI Number: 59-3703461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTRAM, H. MORTON III, MD
4748 TURNSTONE COURT
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BERTRAM, H. MORTON III, MD
Address: 4748 TURNSTONE COURT
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: H. MORTON BERTRAM III MD

MGR

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date