2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# L01000006726

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:

1009 CROSSPOINTE DRIVE #2
NAPLES, FL 34110

Current Mailing Address:

1009 CROSSPOINTE DRIVE
SUITE 2
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3703461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

BERTRAM, H. MORTON III, MD
4701 OAK LEAF DRIVE
NAPLES, FL 34119 US

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: H. M. BERTRAM III MD 09/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BERTRAM, H. MORTON III, MD
Address: 4701 OAK LEAF DRIVE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.M. BERTRAM III MD MGR 09/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date