2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# L01000007552

Entity Name: OCEAN SPORTS MEDICAL GROUP, L.L.C.

Current Principal Place of Business:

2601 N. FLAGLER DRIVE
SUITE 104
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2090 PALM BEACH LAKES BLVD
SUITE 205
WEST PALM BEACH, FL 33409

Current Mailing Address:

2601 N. FLAGLER DRIVE
SUITE 104
WEST PALM BEACH, FL 33407

New Mailing Address:

2090 PALM BEACH LAKES BLVD
SUITE 205
WEST PALM BEACH, FL 33409

FEI Number: 65-1102662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAFARELLI, DAVID
2601 N FLAGLER DRIVE
#104
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

CAFARELLI, DAVID
2090 PALM BEACH LAKES BLVD
SUITE 205
WEST PALM BEACH, FL 33409 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: 03/08/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAFARELLI, DAVID D.C.
Address: 2601 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAFARELLI, DAVID D.C.
Address: 2090 PALM BEACH LAKES BLVD, SUITE 205
City-St-Zip: WEST PALM BEACH, FL 33409

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: SANDY CAFARELLI SECR 03/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date