2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# L01000010756

Entity Name: CENTRAL FLORIDA SPORTS MEDICINE & ORTHOPAEDIC CENTER, LLC

Current Principal Place of Business:

235 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1649 W. EAU GALLIE BLVD
SUITE 201
MELBOURNE, FL 32935

New Mailing Address:

12306 BONNYBRIDGE LANE
KNOXVILLE, TN 37922

FEI Number: 59-3732622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE, FL 32901 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/MANAGERS:

Title: MGR ( ) Delete
Name: GURGANIOUS, LEROY
Address: 235 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GURGANIOUS, LEROY
Address: 12306 BONNYBRIDGE LANE
City-St-Zip: KNOXVILLE, TN 37922

I hereby certify that the information supplied with this filing does not qualify 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: LEROY GURGANIOUS MGR 02/21/2009

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