

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000690

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: ORTHOPEDIC INVESTMENTS, LLC

## Current Principal Place of Business:

2750 BAHIA VISTA STREET  
SUITE 100  
SARASOTA, FL 34239

## New Principal Place of Business:

## Current Mailing Address:

2750 BAHIA VISTA STREET  
SUITE 100  
SARASOTA, FL 34239

## New Mailing Address:

FEI Number: 01-0588955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, ALAN F  
1515 RINGLING BLVD., SUITE 900  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

GONZALEZ, ALAN F  
1602 W. SLIGH AVE  
TAMPA, FL 33604 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:

03/30/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SUGAR, DAVID A M.D.  
Address: 2750 BAHIA VISTA STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

Title: MGR ( ) Delete  
Name: SLEVIN, DONALD J M.D.  
Address: 2750 BAHIA VISTA STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: FURMAN, W. KIM M.D.  
Address: 2750 BAHIA VISTA STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

Title: MGR ( ) Delete  
Name: VOGLER, HAROLD W  
Address: 2750 BAHIA VISTA STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES:

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

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

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

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 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: DONALD SLEVIN,MD

MGR

03/30/2006

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