

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014731

1. Entity Name
ORTHOPAEDIC FELLOWSHIP GROUP, LLC



Principal Place of Business
**1150 CAMPO SAND #200
MIAMI, FL 33146**

Mailing Address
**3399 N.W. 72 AVENUE, SUITE 101
MIAMI, FL 33122**



03042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1538836

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZIMMERMAN, PAUL M
3399 N.W. 72 AVENUE, SUITE 101
MIAMI, FL 33122**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	URIBE, JOHN M.D.
STREET ADDRESS	3399 N.W. 72 AVE.
CITY- ST- ZIP	MIAMI, FL 33122
TITLE	VP
NAME	ZVIJAC, JOHN M.D.
STREET ADDRESS	3399 N.W. 72 AVE.
CITY- ST- ZIP	MIAMI, FL 33122
TITLE	S
NAME	ZIMMERMAN, PAUL M M.D.
STREET ADDRESS	3399 N.W. 72 AVE.
CITY- ST- ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000093987
03/22/04-80041-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Paul M. Zimmerman, M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/16/04 *305-599-9933*
Date Daytime Phone #