

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014731

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: ORTHOPAEDIC FELLOWSHIP GROUP, LLC

## Current Principal Place of Business:

1150 CAMPO SAND #200  
MIAMI, FL 33146

## New Principal Place of Business:

1150 CAMPO SANO AVENUE, SUITE 200  
MIAMI, FL 33146

## Current Mailing Address:

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

## New Mailing Address:

2901 S.W. 149 AVENUE, SUITE 140  
MIRAMAR, FL 33027

FEI Number: 42-1538836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ZIMMERMAN, PAUL M  
2901 S.W. 149 AVENUE, SUITE 140  
MIRAMAR, FL 33027 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:

04/20/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete  
Name: URIBE, JOHN M.D.  
Address: 3399 N.W. 72 AVE.  
City-St-Zip: MIAMI, FL 33122

Title: VP ( ) Delete  
Name: ZVIJAC, JOHN M.D.  
Address: 3399 N.W. 72 AVE.  
City-St-Zip: MIAMI, FL 33122

Title: S ( ) Delete  
Name: ZIMMERMAN, PAUL M M.D.  
Address: 3399 N.W. 72 AVE.  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: URIBE, JOHN M.D.  
Address: 2901 S.W. 149 AVENUE, SUITE 140  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR (X) Change ( ) Addition  
Name: ZVIJAC, JOHN M.D.  
Address: 2901 S.W. 149 AVENUE, SUITE 140  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR (X) Change ( ) Addition  
Name: ZIMMERMAN, PAUL M M.D.  
Address: 2901 S.W. 149 AVENUE, SUITE 140  
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROCHELLE S. MATZA

CFO

04/20/2005

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