

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014731

FILED
Apr 28, 2008
Secretary of State

Entity Name: ORTHOPAEDIC FELLOWSHIP GROUP, LLC

Current Principal Place of Business:

1150 CAMPO SANO AVENUE, SUITE 200
MIAMI, FL 33146

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

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

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:

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: ROCHELLE S. MATZA

CFO

04/28/2008

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