

FILED
Jun 16, 2003 8:00 am
Secretary of State

02-12-2003 90004 018 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000014731

1. Entity Name
ORTHOPAEDIC FELLOWSHIP GROUP, LLC



44004572

Principal Place of Business Mailing Address

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

1150 CAMPO SAND #200
MIAMI, FL 33146

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **42-1538836** Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN URIBE, M.D.		NAME	
STREET ADDRESS 3399 NW 72 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP	
TITLE VICE-PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN ZVIJAC, M.D.		NAME	
STREET ADDRESS 3399 NW 72 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL M ZIMMERMAN, M.D.		NAME	
STREET ADDRESS 3399 NW 72 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **SIGNATURE REQUIRED** **7-2-03** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE