## 2007 LIMITED LIABILITY COMPANY

## FILED Apr 30, 2007 8:00 am

ANNUAL REPORT							Secretary of State				
DOCUMENT # L02000015922  1. Entity Name						04-30-2007 90071 025 ****50.00					
		R ORTHOPAEDIC	C ASC, LLC	SEE SEE							
Principal Plac	e of Business	<u> </u>	Mailing Address								
2246 DREW STREET CLEARWATER, FL 34625			2246 DREW STREET								
CLEANWATER	1, FL 34023		CLEARWATER, FL 346	025			<b>Fant</b> 11811 8811 8811 88	PI			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03262007	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State		4. FEI Numbe 33-101		, .	<del></del>	plied For Applicable		
Zip Country		Zip	Country	, , , , , , , , , , , , , , , , , , , ,	5. Certificate	of Status Desired		\$5.00 Add Fee Required			
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent		
C T CORP 1200 SOU PLANTATI	TH PINE IS	SLAND ROAD			Name Street Address	(P.O. Box Numbe	er is Not Acceptabl	e)			
					City			FL	Zip Code	<del></del>	
	named entity		r the purpose of changing its	s registered o	office or registe	red agent, or bot	h, in the State of Fi	orida. I am f	amiliar with,	and accept	
SIGNATURE .											
	Signature, typed of	or printed name of registered agent a	and title if applicable. (NO	TE: Registered Ag	gent signature require	d when reinstating)		DATE			
Fi D	iling Fee is ue by May	s \$50.00	and title if applicable. (NO	TE: Registered Ag	gent signature require	d when reinstating)		DATE se check pa a Departme		9	
Fi D	iling Fee is ue by May	s \$50.00	RS/MANAGERS	TE: Registered Ag	gent signatura require	d when reinstating)		te check pa a Departme			
9.	iling Fee is ue by May	s \$50.00 7 1, 2007 MANAGING MEMBE		10.	gent signature require	d when (einstating)	Florid	te check pa a Departme		Addition	
9.	MGR SMITH, BF	s \$50.00 7 1, 2007 MANAGING MEMBE	RS/MANAGERS  Delete	10.	ADDRESS	d when reinstating)	Florid	te check pa a Departme	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR SMITH, BF 5217 MAR BRENTWO	S \$50.00 7 1, 2007 MANAGING MEMBE RIAN E PYLAND WAY STE 200 DOD, TN 37027	RS/MANAGERS  Delete	10. TITLE NAME STREET A CITY-ST-	ADDRESS	d when (einstating)	Florid	te check pa a Departme	ent of State		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND THE OF PRIMED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

615-377-5753