


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90258 038 ****50.00

DOCUMENT # L02000020828	
1. Entity Name THE INSTITUTE FOR SPORTS MEDICINE AND ORTHOPAEDIC SURGERY, LLC	

Principal Place of Business 95360 OVERSEAS HIGHWAY, SUITE 11 KEY LARGO, FL 33037	Mailing Address P.O. BOX 501179 MARATHON, FL 33050
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60048107

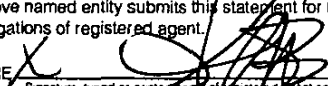


2. Principal Place of Business - No P.O. Box # 5511 SOUTH CONGRESS	3. Mailing Address 5511 SOUTH CONGRESS
Suite, Apt. #, etc. SUITE 125	Suite, Apt. #, etc. SUITE 125
City & State ATLANTIS, FL	City & State ATLANTIS, FL
Zip 33462	Country USA

04152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 14-1843148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTELHO, GEORGE M 95360 OVERSEAS HWY STE 11 KEY LARGO, FL 33037	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5511 SOUTH CONGRESS City ATLANTIS FL Zip Code 33462	

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  **GEORGE M. BOTELHO** 4/24/07
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTELHO, GEORGE M.D. 5511 SOUTH CONGRESS AVE., SUITE 125 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

GEORGE M. BOTELHO 4/24/07 (561) 967-1132

Date

Daytime Phone #