
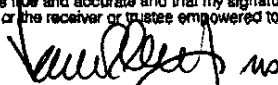


FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90209 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025715			
1. Entity Name HIGHLANDS JOINT AND SPINE ORTHOPEDICS, P.L.			
Principal Place of Business 3201 MEDICAL WAY SUITE 101 SEBRING, FL 33870		Mailing Address 3201 MEDICAL WAY SUITE 101 SEBRING, FL 33870	
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 02-0645026		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 MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVE. SEBRING, FL 33870		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, VERNON B JR. MD	NAME	
STREET ADDRESS	3201 MEDICAL WAY SUITE 101	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33870	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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.			
SIGNATURE: 		2/3/04 863-386-5555	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

29005586



01282004 Chg-LLC CR2E083 (10/03)