

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025715

FILED
Jul 20, 2006
Secretary of State

Entity Name: HIGHLANDS JOINT AND SPINE ORTHOPEDICS, P.L.

Current Principal Place of Business:

3201 MEDICAL WAY SUITE 101
SEBRING, FL 33870

New Principal Place of Business:

2373 US HIGHWAY 27, SOUTH
SEBRING, FL 33870

Current Mailing Address:

3201 MEDICAL WAY SUITE 101
SEBRING, FL 33870

New Mailing Address:

2373 US HIGHWAY 27, SOUTH
SEBRING, FL 33870

FEI Number: 02-0645026 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVE.
SEBRING, FL 33870 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: MGR () Delete
Name: MORRIS, VERNON B JR. MD
Address: 3201 MEDICAL WAY SUITE 101
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRIS, VERNON R JR. MD
Address: 128 SOUTH HUCKLEBERRY LAKE DRIVE
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information supplied with this filing does not qualify for the 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: VERNON R. MORRIS JR. MD

PRES

07/20/2006

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