


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90010 036 ****50.00

DOCUMENT # L02000025715	
1. Entity Name HIGHLANDS JOINT AND SPINE ORTHOPEDICS, P.L.	

Principal Place of Business 2373 US HIGHWAY 27, SOUTH SEBRING FL 33870	Mailing Address 2373 US HIGHWAY 27, SOUTH SEBRING FL 33870
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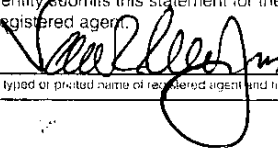


2. Principal Place of Business - No P.O. Box # 128 South Huckleberry Lake Drive	3. Mailing Address 128 South Huckleberry Lake Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sebring, FL	City & State Sebring, FL
Zip 33875	Country USA

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
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7. Name and Address of New Registered Agent Name Vernon Morris Street Address (P.O. Box Number is Not Acceptable) 128 South Huckleberry Lake Drive City Sebring FL Zip Code 33875


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

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME MORRIS, VERNON R JR. MD	
STREET ADDRESS 128 SOUTH HUCKLEBERRY LAKE DRIVE	
CITY-ST-ZIP SEBRING FL 33875	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.
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SIGNATURE: 	Date 7/21/07	Daytime Phone # 863-381-4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		