


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

<b>DOCUMENT # L02000025715</b>	
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.

2nd MOORE CR2E083 (4/07)

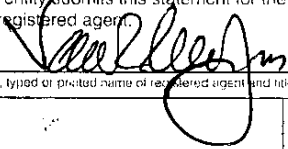
City & State Sebring, FL	City & State Sebring, FL	4. FEI Number 02-0645026	Applied For <input type="checkbox"/> Not Applicable
Zip 33875	Country USA	Zip 33875	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVE. SEBRING FL 33870

<b>7. Name and Address of New Registered Agent</b>
Name Vernon Morris
Street Address (P.O. Box Number is Not Acceptable) 128 South Huckleberry Lake Drive
City Sebring
State 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 \_\_\_\_\_


Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

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	NAME
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.

SIGNATURE:  DATE: 7/21/07 DAYTIME PHONE #: 863-381-4327

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