## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nam	MENT# LO2000 ity orthopedics and i	•				FILE	47		
Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203		Mailing Address  ONE-PARK-PLAZA  NASHVILLE TN-87293			O3 APR 30 PM 3: 58  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address P.O. Pox 750							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	ber	-	Applied For Not Applicable	
Zip	Country	Zip 37202-0750	Country		5. Certifica	te of Status Desired	□ \$5.00 Fee Re	Additional equired	
<del></del>	6. Name and Address of Curr	ent Registered Agent			7. Name ar	nd Address of New Re	gistered Agent		
C.T CORPORATION SYSTEM				Name ,					
1200	SOUTH PINE ISLAND ROAD NTATION FL 33324		Stree	Street Address (P.O. Box Number is Not Acceptable)					
		•	City			`	- Zin	Code	
O The share		t for the second				the in the Connect Flori	<u>rL</u>		
	named entity submits this statemer lons of registered agent.	ictor the purpose of changing its	registered office	e or registere	d agent, or o	ioth, in the state of Pion	da. Tamhamiliar	with, and accept	
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Agent sig	gnature required w	hen reinstating)	·	DATE	<u></u>	
		Make Check Payable Due	By May 1, 2	Department	t of State				
9.	MANAGING MEN	MBERS/MANAGERS	10.	la letta		ADDITIONS/C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	3 OVE	THEK	JOHNSON -PLAZA TN 37208	☐ Cha	ange 🗹 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SE OYE	euce !	Moore, Jr. This.a. Th. 37203	Cha	ange Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	**	see -Arrache	□ Cha	inge Addition	
11. I hereby c indicated	ertify that the information supplied on this report is true and accurate a	with this filing does not qualify for and that my signature shall have the	the exemption the same legal e	stated in Seci	tion 119.07(3 de under oat	B)(i), Florida Statutes. I f th; that I am a managin	urther certify that ng member or ma	the information nager of the	

## OFFICERS AND MANAGERS OF COMMUNITY ORTHOPEDICS AND HAND SURGERY, LLC

One Park Plaza Jay Grinney President Nashville, TN 37203

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Ft. Lauderdale, FL 33301

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Dan Adkins Vice President One Park Plaza Nashville, TN 37203

David G. Anderson Vice President and Treasurer One Park Plaza Nashville, TN 37203

Dora A. Blackwood Vice President and Assistant Secretary One Park Plaza Nashville, TN 37203

Mike T. Bray Vice President One Park Plaza Nashville, TN 37203

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One Park Plaza Nashville, TN 37203

## \*Managers

(Florida)

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Company, are hereby authorized to, subject to the Company's policies and procedures, (a) manage the facilities and all employees and agents of the Company at such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Company entered into pursuant to the Company's policies and procedures), which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.