2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033687

Entity Name: EMERALD COAST ORTHOPAEDIC ASSOCIATES, L.L.C.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

550 W REDSTONE AVE., STE. 300 CRESTVIEW, FL 32536

Current Mailing Address: New Mailing Address:

550 W REDSTONE AVE., STE. 300 CRESTVIEW, FL 32536

FEI Number: 11-3670686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOSTER, WILLIAM SCOTT
909 MAR WALT DR., STE. 1014
FORT WALTON BEACH, FL 32547 US

KOULISIS, CHRISTO W
550 WEST REDSTONE AVE
SUITE 300
CRESTVIEW, FL 32536 US

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: CHRISTO W. KOULISIS 01/13/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ALFRED CARDET, M.D.,
 Name:

 Address:
 550 W REDSTONE AVE., STE. 300
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KOULISIS, CHRISTO W
 Name:

 Address:
 550 W REDSTONE AVE., STE. 300
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

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: CHRISTO W. KOULISIS MGRM 01/13/2006