

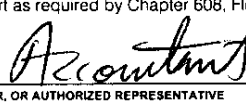


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90031 010 ****50.00

DOCUMENT # L02000034281 1. Entity Name COATES-CLARK ORTHOPEDIC SURGERY & SPORTS MEDICINE CENTER, LLC					
Principal Place of Business 6500 CRILL AVENUE PALATKA, FL 32177			Mailing Address P.O. BOX 8037 PALATKA, FL 32178		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 2735 Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1563413	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIVENS, BURNEY ESQ. 1543 KINGSLEY AVE. SUITE 18-B ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COATES-CLARK, CAMILLE 6500 CRILL AVENUE PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		ACCOUNTANT 		Date 5/1/06 386-323-4561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	