2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000034281 1. Entity Name COATES-CLARK ORTHOPEDIC SURGERY & SPORTS MEDICINE CENTER, LLC							05-03-2006 90031 010 ****				0.00	
Principal Plac	e of Busines:	S	Mailing Address							-		
6500 CRILL AVENUE PALATKA, FL 32177			P.O. BOX 8037 PALATKA, FL 32178									
2. Principal Place of Business			9. Mailing Address POBOX 2735									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262006	Chg-LL	С	CR2E08	3 (11/05)	
City & State			City & State				4. FEI Number Applied For 42-1563413 Not Applicab					
Zip	Zip Country		Zip Coun		try	······································		te of Status Desired				
	6. Name	and Address of Current	Registered Agent]		7. Name and	Address of	New Reg		<u>·</u>	-
BIVENS, BURNEY ESQ.					Name							
•	SSLEY AV	E. SUITE 18-B				ddress (F	P.O. Box Numb	er is Not Acc	eptable)			
ORANGE	1 7100, 1 6	32073										
					City					FL	Zip Code	e
	named entit		r the purpose of changing its	register	ed office or	registere	ed agent, or bo	th, in the Sta	te of Florid	da. I am fa	miliar with,	and accept
PICNATURE	Ţ.	_										
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	Registere	d Agent signatur	re required	when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2006												
										check pa Departme	yable to nt of State	•
	ue by May		RS/MANAGERS "	10.						Department HANGES	nt of State	
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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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Coulm SIGNATURE: VICEWAND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE