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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002954

1. Entity Name
ADVANCED ORTHOPEDIC SPECIALISTS, LLC

Principal Place of Business	Mailing Address
19370 COLLINS AVE., STE. PH3C AVENTURA BEACH, FL 33160-2277	19370 COLLINS AVE., STE. PH3C AVENTURA BEACH, FL 33160-2277

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03182004 Chg-LLC CR2E063 (10/03)

4. FEI Number: 85-0486170 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID NORIEGA
19370 COLLINS AVE. SUITE PH3C
AVENTURA BEACH, FL 33160-2277

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 ____ DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: David Noriega - MGRM 19370 Collins Ave. PH3C Aventura Beach, Fl. 33160-2277 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] David Noriega 3/15/04 305-772-0865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / DATE / Daytime Phone #