2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L03000002954

Entity Name: ADVANCED ORTHOPEDIC SPECIALISTS, LLC

Current Principal Place of Business:

19370 COLLINS AVE. STE PH3C
AVENTURA BEACH, FL 331602277

New Principal Place of Business:

18489 NW 23RD PLACE
PEMBROKE PINES, FL 33029

Current Mailing Address:

19370 COLLINS AVE. STE PH3C
AVENTURA BEACH, FL 331602277

New Mailing Address:

18489 NW 23RD PLACE
PEMBROKE PINES, FL 33029

FEI Number: 85-0486170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORIEGA, DAVID
19370 COLLINS AVE. STE PH3C
AVENTURA BEACH, FL 331602277 US

Name and Address of New Registered Agent:

NORIEGA, DAVID
18989 NW 23RD PLACE
PEMBROKE PINES, FL 33029 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: DAVID NORIEGA 04/13/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: NORIEGA, DAVID
Address: 19370 COLLINS AVE. STE PH3C
City-St-Zip: AVENTURA BEACH, FL 331602277

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NORIEGA, DAVID
Address: 18489 NW 23RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID NORIEGA MR 04/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date