2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007767

FILED Feb 11, 2004 Secretary of State

Entity Name: ORTHOPAEDIC AND SPINE REHAB OF SOUTH FLORIDA, LLC

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

5130 S.W. 112TH PLACE 1217 SW 150 PLACE MIAMI, FL 33165 1217 SW 150 PLACE MIAMI, FL 33194

Current Mailing Address: New Mailing Address:

5130 S.W. 112TH PLACE 1217 SW 150 PLACE MIAMI, FL 33165 1217 SW 150 PLACE MIAMI, FL 33194

FEI Number: 86-1052325 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:

PEREIRA, MARLON F 5130 S.W. 112TH PLACE 1217 SW 150 PLACE MIAMI, FL 33165 PEREIRA, MARLON F 1217 SW 150 PLACE MIAMI, FL 33194

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: MARLON PEREIRA, PT 02/11/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

 Title:
 MGRM
 () Delete

 Name:
 PEREIRA, MARLON PT

 Address:
 5130 S.W. 112TH PLACE

 City-St-Zip:
 MIAMI, FL 33165

Title (A) Delete

 Title:
 MGRM () Delete

 Name:
 ST. AIMEE, MATTHEW PT

 Address:
 16942 S.W. 113TH COURT

 City-St-Zip:
 MIAMI, FL 33157

ADDITIONS/CHANGES:

itle: MGRM (X) Change () Addition

Name: PEREIRA, MARLON PT Address: 1217 SW 150 PLACE City-St-Zip: MIAMI, FL 33194

Title: MGRM (X) Change () Addition

Name: ST. AIMEE, MATTHEW PT Address: 2209 SE 25 AVENUE City-St-Zip: HOMESTEAD, FL 33035

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: MARLON PEREIRA PT 02/11/2004