## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010671

Entity Name: ALL WORLD ORTHOPEDIC & MEDICAL CENTER, LLC

FILED Jun 21, 2006 Secretary of State

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

625 FARM RD. 308 CHELSEA MANOR PARAMUS, NJ 07652 PARK RIDGE, NJ 07656

Current Mailing Address: New Mailing Address:

5450 S. STATE RD. 7, STE. 8 815 SE 1ST AVE

FT LAUDERDALE, FL 33314 HALLANDALE, FL 33009

FEI Number: 35-2200190 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWARTZ, DR. MARK 5450 S. STATE RD. 7, STE. 8 SCHWARTZ, DR. MARK 815 SE 1ST AVE

FT LAUDERDALE, FL 33314 US HALLANDALE, FL 33009 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: 06/21/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:SCHWARTZ, DR. MARKName:SCHWARTZ, DR. MARKAddress:5450 S. STATE RD. 7, STE. 8Address:815 SE 1ST AVECity-St-Zip:FT LAUDERDALE, FL 33314City-St-Zip:HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK SCHWARTZ P 06/21/2006