FILED
May 04, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010671

1. Entity Name
ALL WORLD ORTHOPEDIC & MEDICAL CENTER, LLC

Principal Place of Business	Mailing Address
308 CHELSEA MANOR PARK RIDGE, NJ 07656	815 SE 1ST AVE HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

05012007No Chg-LLC CR2E083 (11/05)

4. FEI Number
35-2200190
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, DR MARK
815 SE 1ST AVE
HALLANDALE, FL 33009

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHWARTZ, DR. MARK
STREET ADDRESS	815 SE 1ST AVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80040-013 50.00

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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 officer or agent authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/30/07 954-818-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR# 719