2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# L03000016970

Entity Name: PEDIATRIC ORTHOPEDICS OF SOUTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

9800 S. HEALTHPARK DR., STE. 110
FT MYERS, FL 33908

New Principal Place of Business:

9800 S. HEALTHPARK DR..
SUITE 110
FT MYERS, FL 33908

Current Mailing Address:

9800 S. HEALTHPARK DR., STE. 110
FT MYERS, FL 33908

New Mailing Address:

9800 S. HEALTHPARK DR
SUITE 110
FT MYERS, FL 33908

FEI Number: 04-3757244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOTT, GEORGE H ESQ
KNOTT, CONSOER, EBELINI, HART & SWETT, PA
1625 HENDRY ST, STE 301
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: F. BRETT SHANNON, MD,
Address: 9800 HEALTHPARK DR., STE. 110
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: F. BRETT SHANNON, DO,
Address: 9800 HEALTHPARK DR., STE. 110
City-St-Zip: FT MYERS, FL 33908

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: F. BRETT SHANNON, DO MGRM 01/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date