

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016970

**FILED**  
**Feb 27, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

15821 HOLLYFERN CT  
FT MYERS, FL 33908

**Current Mailing Address:**

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

**New Mailing Address:**

15880 SUMMERLIN ROAD #300  
PMB #322  
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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** F. BRETT SHANNON

DR

02/27/2006

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