

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016970

FILED
Feb 20, 2009
Secretary of State

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

Current Principal Place of Business:

15821 HOLLYFERN CT
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15880 SUMMERLIN ROAD #300
PMB #322
FT MYERS, FL 33908

New Mailing Address:

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: MGRM (X) Change () Addition
Name: F. BRETT SHANNON, DO,
Address: 15880 SUMMERLIN RD #300, PMB #322
City-St-Zip: FT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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, DO

MGRM

02/20/2009

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