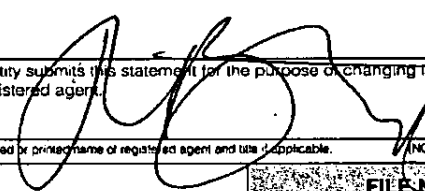
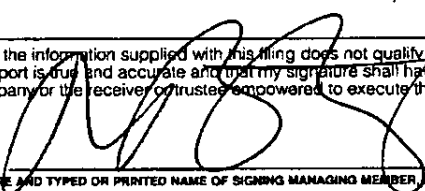


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90316 026 ****50.00

DOCUMENT # L03000035316					
1. Entity Name HILL ORTHOPEDIC CENTER LLC					
Principal Place of Business 9537 PORTBURY DRIVE ORLANDO FL 32836 US			Mailing Address 9537 PORTBURY DRIVE ORLANDO FL 32836 US		
2. Principal Place of Business 3000 Hunter's Creek Blvd			3. Mailing Address SAME		
Suite, Apt. #, etc. 2			Suite, Apt. #, etc.		
City & State Orlando FL			City & State		
Zip 32837		Country USA		4. FEI Number 77-0608630	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HILL, NATHAN 9537-PORTBURY-DRIVE ORLANDO FL 32836				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 1/20/04 Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, NATHAN 9537 PORTBURY DRIVE ORLANDO FL 32826	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, Nathan 3000 Hunters Creek Blvd Ste 2 Orlando FL 32837	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 1-20-04 Daytime Phone # 407 447-7001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					