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	Mailing Address
9537 PORTBURY DRIVE ORLANDO FL 32836 US	9537 PORTBURY DRIVE ORLANDO FL 32836 US

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
3000 Hunter's Creek Blvd	Same
Suite, Apt. #, etc. 2	Suite, Apt. #, etc.
City & State Orlando FL	City & State
Zip 32837 Country USA	Zip Country

4. FEI Number 77-0608630 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, NATHAN 9537 PORTBURY DRIVE ORLANDO FL 32836	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 ______ 1/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: ______ 1-20-04 407 447-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #