2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 19, 2004 8:00 am
Secretary of State
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THE ORTHOPAEDIC CENTER OF GAINESVILLE REAL ESTATE ASSOCIATES, L.L.C.									
AYERS MEDICAL PLAZA AYERS 720 S.W. 2ND AVENUE, SUITE 360 720 S.W.		Meiling Address AYERS MEDICAL PLAZ 720 S.W. 2ND AVENU GAINESVILLE, FL 326	RS MEDICAL PLAZA) S.W. 2ND AVENUE, SUITE 360			- - 10100 (1)11 0 0 111 0 0 111 0 121	A THE STATE OF THE		N 111
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232004	Chg-LLC	CR2E083 (10	/03)	
City & State		City & State		4. FEI Numb	er		Applie Not A	ed For applicable	
Zip	Country	Zip	Coun	etry	5. Certificate	e of Status Desired		O Addition	nal
	6. Name and Address of Current			Mome	7, Name and	Address of New R	egistered Agent		
HARRIS, FRED F.JR.,ESQ				Name					
101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301				Street Address	(P.O. Box Numb	per is Not Acceptable	;) 		_
				City				o Code	
	named entity submits this statement fo ions of registered agent.	the purpose of changing i	ts register	ed office or registe	ered agent, or bo	oth, in the State of Fic	xida. I am familiai	r with, an	d accept
SIGNATURE .	Signature, typed or printed name of registered agent	and tille if applicable. (INC	OTE: Registers	ed Agent signature requir	ec when reinstating)		DATE		
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CITY-ST-ZIP	GAINESVILLE, FL 32601			r-ST-ZIP]
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NAME	LANE, TIMOTHY T	200	AAA						}
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NAME	POWELL, RODGER D		NAM	*					
STREET ADDRESS: CITY-SI-ZIP	1015 N.W. 56TH TERRACE GAINESVILLE, FL 32605			Y-ST-ZIP					:
	certify that the information supplied wit	this filing does not qualify			Section 1:19.07/3)(i): Florida Statutes	i further certify the	at the info	rmation"
" " indicated	I on this report is true and accurate and ability company or the receiver or truste	i that my signature shall ha	ve the sam	ne legal effect as if	i made under oa:	in; ihat i am a mana	ging member or m	anager o	of the
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SIGNAT	UNE:				·——		_ / -		=

Attachmen Attachment to 2004 Limited Liability Company Annual Report

Entity Name: The Orthopaedic Center of Gainesville Real Estate Associates, L.L.C. (Doctment #: L03000038465)

In addition to the Managing Members / Managers listed in Box 9, listed below are the names of all other Managing Members and Managers:

Title

MGRM

Name

Powell, Catherine M. Street Address 1015 NW 56th Terrace

City-St-Zip

Gainesville, FL 32605

Title

MGRM

Name

Waters, J. Stephen

Clty-St-Zip

Street Address 720 SW 2nd Avenue, Suite 360

Gainesville, FL 32605

Title

MGRM

Name

Waters, Shelley L.

City-St-Zip

Street Address 1015 NW 56th Terrace Gainesville, FL 32605