2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036465

Apr 27, 2005 Secretary of State

Entity Name: THE ORTHOPAEDIC CENTER OF GAINESVILLE REAL ESTATE ASSOCIATES, L.L.C.

Current Principal Place of Business:

New Principal Place of Business:

AYERS MEDICAL PLAZA 720 S.W. 2ND AVENUE, SUITE 360 GAINESVILLE, FL 32601

4500 W NEWBERRY ROAD

GAINESVILLE, FL 32607

Current Mailing Address:

New Mailing Address:

AYERS MEDICAL PLAZA 720 S.W. 2ND AVENUE, SUITE 360 4500 W NEWBERRY ROAD

GAINESVILLE, FL 32601

GAINESVILLE, FL 32607

FEI Number: 20-2557741

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRIS, FRED F JR., ESQ 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32301

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/MEMBERS:

ADDITIONS/CHANGES:

MGRM () Delete BLAKE, W. PRESTON Name: Address:

6900 N.W. 9TH BLVD. City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete BLAKE, MARY N Name: Address: 6900 N.W. 9TH BLVD. City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete BUSH, CLINTON G II Name:

720 S.W. 2ND AVENUE, SUITE 360 Address:

City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Delete Name: LANE, TIMOTHY T

720 S.W. 2ND AVENUE, SUITE 360 Address:

City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Delete

LANE, MARY R Name:

720 S.W. 2ND AVENUE, SUITE 360 Address:

City-St-Zip: GAINESVILLE, FL 32601

Title: () Delete POWELL RODGER D Name: Address: 1015 N.W. 56TH TERRACE GAINESVILLE, FL 32605 City-St-Zip:

Title: (X) Change () Addition BLAKE, W. PRESTON Name:

Address: 4500 W NEWBERRY ROAD City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM (X) Change () Addition

Name: BLAKE, MARY N

Address: 4500 W NEWBERRY ROAD City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM (X) Change () Addition

BUSH, CLINTON G II Name: 4500 W NEWBERRY ROAD Address: City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM (X) Change () Addition

Name: LANE, TIMOTHY T

4500 W NEWBERRY ROAD Address: City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM (X) Change () Addition

LANE, MARY R Name:

4500 W NEWBERRY ROAD Address: City-St-Zip: GAINESVILLE, FL 32607

Title: (X) Change () Addition POWELL, RODGER D Name:

Address: 4500 W NEWBERRY ROAD GAINESVILLE, FL 32607 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: W. PRESTON BLAKE

MGRM 04/27/2005