2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L03000036925

Entity Name: THE ORTHOPAEDIC INSTITUTE, LLC

Current Principal Place of Business:

1035 NW 57TH STREET
GAINESVILLE, FL 32605

New Principal Place of Business:

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607

Current Mailing Address:

1035 NW 57TH STREET
GAINESVILLE, FL 32605

New Mailing Address:

4500 W NEWBERRY ROAD
GAINESVILLE, FL 32607

FEI Number: 20-2744571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, FRED F JR, ESQ
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR ( ) Delete
Name: ANDERSON, MICHAEL A
Address: 1035 NW 57TH STREET
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANDERSON, MICHAEL A
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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: MICHAEL A. ANDERSON MRG 04/27/2005

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