

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036925

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** THE ORTHOPAEDIC INSTITUTE, LLC

**Current Principal Place of Business:**

4500 W NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4500 W NEWBERRY ROAD  
GAINESVILLE, FL 32607

**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:**

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE  
SUITE 115  
JACKSONVILLE, FL 33204 US

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: CHRISTOPHER L. NULAND

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

CFO

04/28/2006

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