2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039547

1. Entity Name
VINSANT ORTHOPAEDIC GROUP OF SOUTH FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
2607 POLK STREET HOLLYWOOD, FL 33020	2607 POLK STREET HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

03142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0874571
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VINSANT, JOHN E JR, MD
2607 POLK STREET
HOLLYWOOD, FL 33020

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VINSANT, JOHN E JR, MD
STREET ADDRESS	2607 POLK STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
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04/26/06-80121-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/10/06 954 925-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #