

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023891

FILED
Feb 27, 2005
Secretary of State

Entity Name: ORTHOPAEDIC CENTER OF VENICE, P.L.

Current Principal Place of Business:

600 NOKOMIS AVE. SOUTH
VENICE, FL 34284

New Principal Place of Business:

600 NOKOMIS AVE. SOUTH
101 B
VENICE, FL 34284

Current Mailing Address:

600 NOKOMIS AVE. SOUTH
VENICE, FL 34284

New Mailing Address:

600 NOKOMIS AVE. SOUTH
101 B
VENICE, FL 34284

FEI Number: 20-0943407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J. HUGH
200 S ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

GONZALEZ, JULIO
600 NOKOMIS AVE S.
101 B
VENICE, FL 34285 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: JULIO GONZALEZ, M.D.

02/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: GONZALEZ, JULIO M.D.
Address: 600 NOKOMIS AVE. S. SUITE 101 B
City-St-Zip: NOKOMIS, FL 34285 US

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: JULIO GONZALEZ, M.D.

MGRM

02/27/2005

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