

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064455

FILED
Apr 20, 2005
Secretary of State

Entity Name: FLORIDA MUSCULOSKELETAL INSTITUTE, LLC

Current Principal Place of Business:

1150 CAMPO SANO AVENUE STE 200
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

3399 N.W. 72 AVENUE
STE. 101
MIAMI, FL 33122

New Mailing Address:

2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027

FEI Number: 20-1535325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, PAUL M
3399 N.W. 72 AVENUE STE. 101
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

ZIMMERMAN, PAUL M
2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027 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:

04/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ZIMMERMAN, PAUL M
Address: 3399 N.W. 72 AVENUE STE. 101
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: TJIN-A-TSOI, EVERETT
Address: 604 RED FOX LANE, APT 3A
City-St-Zip: NEWARK, DE 19711

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZIMMERMAN, PAUL M
Address: 2901 S.W. 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027

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 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: ROCHELLE S. MATZA

CFO

04/20/2005

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