2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

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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:

2901 SW 149 AVENUE, SUITE 140
MIRAMAR, FL 33027

Current Mailing Address:

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

New Mailing Address:

2901 SW 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
2901 S.W. 149 AVENUE, SUITE 140
MIRAMAR, FL 33027 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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROCHELLE S. MATZA CONT 04/24/2009

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