

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071715

FILED
Mar 05, 2006
Secretary of State

Entity Name: ORTHOPEDIC SURGEONS OF FLORIDA, LLC

Current Principal Place of Business:

5657 SHADDELEE LANE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

5657 SHADDELEE LANE
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUMBERT, EDWARD T
5657 SHADDELEE LANE
FT. MYERS, FL 33919 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: D () Delete
Name: HUMBERT, EDWARD T
Address: 5657 SHADDELEE LANE WEST
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: DR (X) Change () Addition
Name: HUMBERT, EDWARD T
Address: 5657 SHADDELEE LANE WEST
City-St-Zip: FORT MYERS, FL 33919

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: ED HUMBERT

DR

03/05/2006

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