2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2010
Secretary of State

DOCUMENT# L04000071715

Entity Name: ORTHOPEDIC SURGEONS OF FLORIDA, LLC

Current Principal Place of Business:

5657 SHADDELEE LANE
FT. MYERS, FL 33919

New Principal Place of Business:

5657 SHADDELEE LANE WEST
FT. MYERS, FL 33919

Current Mailing Address:

5657 SHADDELEE LANE
FT. MYERS, FL 33919

New Mailing Address:

5657 SHADDELEE LANE WEST
FT. MYERS, FL 33919

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:

HUMBERT, EDWARD T
5657 SHADDELEE LANE WEST
FT. MYERS, FL 33919 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: _____ 02/21/2010
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

I hereby 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 Statues.

SIGNATURE: EDWARD T HUMBERT PSTD 02/21/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date