2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000010578

1. Entity Name

ORTHOPEDIC AND SPORTS PHYSICAL THERAPY CENTER, L.L.C.



FILED
May 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1950 BLUEWATER BAY BOULEVARD, SUITE 101 NICEVILLE, FL 32578 1950 BLUEWATER BAY BOULEVARD, SUITE 101 NICEVILLE, FL 32578



05082007 No Chg-LLC

CR2E083 (11/05)

 FEI Number
20-2139305

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and Addres	s of Current	Registered A	Agent

HELMICH, KEVIN M 4481 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

			THIS STAGE
	named entity submits this statement for the purpose of changin tions of registered agent.	I ng its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FH Due I	ling Fee is \$50.00 by September 14, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SETON, ROBERT J 1950 BLUEWATER BAY BOULEVARD, SUITE 101 NICEVILLE, FL 32578		U00000763604 05/30/07-80017-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 jeceiver or trustee impropered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ROBERT J. SETON

5/8/2007

(89) 1891-3334

Devime Phone #