2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L05000010578

Entity Name: ORTHOPEDIC AND SPORTS PHYSICAL THERAPY CENTER, L.L.C.

Current Principal Place of Business:

1950 BLUEWATER BAY BOULEVARD, SUITE 101
NICEVILLE, FL 32578

New Principal Place of Business:

1950 BLUEWATER BAY BOULEVARD
SUITE 101
NICEVILLE, FL 32578

Current Mailing Address:

1950 BLUEWATER BAY BOULEVARD, SUITE 101
NICEVILLE, FL 32578

New Mailing Address:

1950 BLUEWATER BAY BOULEVARD
SUITE 101
NICEVILLE, FL 32578

FEI Number: 20-2139305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMICH, KEVIN M
4481 LEGENDARY DRIVE, SUITE 200
DESTIN, FL 32541 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: MGR ( ) Delete
Name: SETON, ROBERT J
Address: 1950 BLUEWATER BAY BOULEVARD, SUITE 101
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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: ROBERT J. SETON MGR 03/13/2008

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