



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015306 1. Entity Name MIAMI ORTHO ER LLC	
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Principal Place of Business 8940 NORTH KENDALL DRIVE 101-E MIAMI, FL 33176 US	Mailing Address 8940 NORTH KENDALL DRIVE 101-E MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



01312007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2347131	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, JOSEPH I
8940 NORTH KENDALL DRIVE
101-E
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

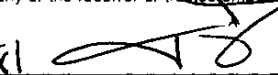
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JOSEPH I DR 8940 NORTH KENDALL DR SUITE 101-E MIAMI, FL 33176
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03/12/07-80027-010 55.00

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Dr. Joseph I. Fernandez** **2/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #