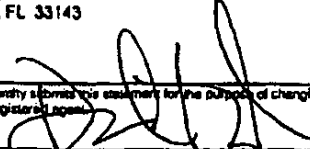


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000038079					
1. Entity Name ORTHOPEDIC INSTITUTE OF SOUTH FLORIDA, L.L.C.					
Principal Place of Business EXECUTIVE OFFICES 6200 S.W. 73RD STREET MIAMI, FL 33143			Mailing Address EXECUTIVE OFFICES 6200 S.W. 73RD STREET MIAMI, FL 33143		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. EIN Number 81-0669793					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LEHMAN, JODY ESQ 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143			7. Name and Address of New Registered Agent Name David R. Friedman, Esq. Street Address (P.O. Box Number is Not Acceptable) 6855 Red Road-Suite:600 City Miami, FL 33143		
8. The above named entity solemnly swears that 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  DATE 3/22/06					
Filing Fee to \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami SOUTH MIAMI HOSPITAL, INC. 6200 S.W. 73rd Street Miami, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statute. 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 606, Florida Statutes.					
SIGNATURE  DATE 3/29/06					

FILED

06 JUL 28 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30070915



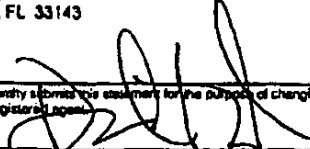
03202006 Chg-LLC CR25083 (11/05)

Applied For
Not Applicable

8. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Name
David R. Friedman, Esq.
Street Address (P.O. Box Number is Not Acceptable)
6855 Red Road-Suite:600
City
Miami, FL 33143

8. The above named entity solemnly swears that 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  DATE 3/22/06

Filing Fee to \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Miami SOUTH MIAMI HOSPITAL, INC. 6200 S.W. 73rd Street Miami, FL 33143			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statute. 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 606, Florida Statutes.

SIGNATURE  DATE 3/29/06